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# ANNUAL REPORT 1968

THE SOCIETY OF THE NEW YORK HOSPITAL



## The Society of the New York Hospital

Standing Committees: See Page 21

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## *Report of the President*

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KENNETH H. HANNAN

The goal of The New York Hospital is to provide total patient care for members of the community who turn to it in their time of need. This entails providing not only many auxiliary services designed to lessen the social and emotional consequences of illness, but also to raise to the highest possible level the treatment of all types of disease. We are constantly seeking new forms of care and treatment and are implementing, through new facilities and installations, the latest discoveries in medical science. At the same time, we are seeking new resources in the community that will strengthen the capability of the Hospital to deliver the utmost in patient care.

Examples of that approach are our long-standing affiliation with the Hospital for Special Surgery, with whom we collaborate on the care of orthopedic problems, and the recent working arrangement with Memorial Hospital for specialized radiological therapy.

During the past year, similar forward steps were taken which will broaden the care which we will be able to provide our patients in the future.

An outstanding event was the affiliation agreement between The Society of the New York Hospital, Cornell University, and the Manhattan Eye, Ear and Throat Hospital, bringing the last-named institution into the family of The New York Hospital-Cornell Medical Center. Under the plans to be implemented in coming years, there will be established an interrelationship of medical services, staff, teaching and research.

The Manhattan Eye, Ear and Throat Hospital was founded in 1869 and has earned a reputation in this country and abroad for excellence in its specialties. It has grown from 13 beds, in 1869, to 188 at the present day and provides hospitalized care and ambulatory care, through

21 clinics, in the areas of ophthalmology (eye treatment), otorhinolaryngology (treatment of the ear, nose and throat) and plastic surgery. It is the headquarters of the Eye Bank for Sight Restoration.

Pursuant to the affiliation agreement, new divisions of ophthalmology and otorhinolaryngology were established in The New York Hospital and departments in these disciplines were set up in Cornell University Medical College.

Dr. Donald M. Shafer was appointed Acting Ophthalmologist-in-Chief and Dr. Edward A. Dunlap was appointed Acting Director of The New York Hospital Division of Ophthalmology. Dr. James A. Moore was appointed Acting Otorhinolaryngologist-in-Chief and Acting Director of the Division of Otorhinolaryngology.

An event of equal importance was our affiliation with the Burke Rehabilitation Center, operated by the Winifred Masterson Burke Foundation in White Plains, N. Y. This excellent institution with 156 beds has as its primary objective the integration of the disabled patient into the community. Among the services it provides are occupational therapy, vocational therapy, physical therapy and psychological counselling.

The formal affiliation culminates a long working alliance between Burke and our Medical Center, during which a representative of the Center served on the Board of Directors of the Burke Foundation, and the Rehabilitation Center provided residency training in physical medicine for physicians of The New York Hospital. A major aim of the cooperative program will be the ultimate construction by the Burke Foundation of an intermediate care center as part of the Medical Center complex in New York City. Such a facility will be of inestimable value in providing total care to the patients whom we

*Modern concepts of total patient care offer guidance on family planning when requested. One of the 1,536 patients who utilized this service discusses problems with trained staff members.*



serve.

As a result of the affiliation, a Department of Rehabilitation Medicine has been established in The New York Hospital, replacing the former Division of Rehabilitation Medicine of the Department of Medicine.

Although such events as these take place far from the patient's bedside, they have great significance for the improvement of the care we will be giving our patients in the future.

The problem of financing hospital care continues to be one of deep concern to the Board of Governors, as it is to all those involved in the health care field. The past year was one of retrenchment in the public financing of health care

for our needy citizens and it appears probable that the trend will continue. The cutback in the Medicaid program, enacted by the New York State Legislature in 1968, posed serious financial problems for the Hospital, as is evidenced by the operating budget figures which appear elsewhere in this Report.

We seem to be entering an era in which the public demands a rising level of health care, applauds the medical progress which makes that care more effective than ever before, but is disinclined to meet the increased financial costs which these events make mandatory. In this perplexing state of affairs, our role can only be to continue to provide the highest possible level of care, while at the same time exercising every precaution to do so as efficiently and economically as possible.

Our day-to-day activities must not so absorb our attention that we forget to plan for the future. One study which projected the future needs of the Hospital predicted a substantial increase in the number of ambulatory patients and the need for many additional beds by 1980. To meet such challenges will require every ounce of determination and dedication which we can muster on the part of the officers, members and supporters of The Society of the New York Hospital.

We continue to be fortunate in the eminent men and women who give their time and energy to the work of The Society. The Board warmly welcomes four new Governors who were elected during the past year: Mr. Edwin Thorne, Mrs. Vincent de Roulet, Mr. Benjamin S. Clark and Mr. Augustus G. Paine. Mr. Clark has been a member of the Finance Committee since 1956; since 1957 he has also served as Vice President of the New York-Cornell Medical Center Foundation, Inc., and a member of its finance committee. Mr. Paine has been a member of The

Society since 1964 and serves on its Membership Committee.

Mr. Ogden Phipps resigned his position as Governor, since his commitments require him to spend most of his time out of the city. He was made an Honorary Member of the Board on March 5. Mr. Phipps' invaluable service to The Society included more than 20 years on the Real Estate Committee as well as membership on the Finance, Executive and Audit Committees.

Mr. Louis M. Loeb and Mr. Edward W. Bourne retired as Governors, having reached the statutory age limit, and both were named Honorary Governors on December 3. Mr. Loeb had ably served the Board as Governor since 1950. He became a member of the Executive Committee in 1952, and the Law Committee and the Retirement Board in 1962, positions he held until his recent retirement.

Mr. Bourne's twenty years of service to the Westchester Division Committee and the Payne Whitney Psychiatric Committee were commemorated on June 4 when a new basic research laboratory was named in his honor. The Laboratory, established at The New York Hospital-Cornell Medical Center Westchester Division in White Plains, N. Y., is devoted to investigation of the neurological bases of behavior, and is known as The Edward W. Bourne Behavioral Research Laboratory.

We report with deep regret the death on Jan. 19, 1968 of Mr. Joseph H. Choate, an Honorary Governor. Mr. Choate was elected a Governor in 1918 and became an Honorary Governor in 1950.

In closing, I wish to thank my colleagues on the Board, the members of the Standing Committees and the administrative staff of the Hospital for their support and encouragement during this busy and productive year.



*An electronic network transmits an electrocardiogram to the Heart Station, while the patient remains in his bed many floors away. Within 50 seconds the recorded data is available to the physician for study.*



*Long visiting hours and participation in routine care helps maintain normal relationships between mothers and their hospitalized children.*

## *Report of the President of the Medical Center*

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E. HUGH LUCKEY, M.D.

Even in a country as young as ours, we have our venerable institutions, and The New York Hospital-Cornell Medical Center is one of these. Founded nearly two hundred years ago in the early days of our Colonial revolution, The New York Hospital was chartered as a voluntary institution with public origins. From its conception the hospital was more than a place to care for the ill. Throughout its history it has considered its mission teaching and research as well as patient care.

As a community institution, the Medical Center must be responsive to the changing needs and attitudes of its constituency. Never in its history has there been such a decade of change as in the nineteen-sixties, with the passage of major health legislation, followed by a period of retrenchment. The high hopes of 1965 have paled in the realization that our national resources are inadequate to meet our needs. It is not an easy task to plan for the future in the face of these uncertainties. However we must, and do so with confidence that public policy will provide the means to meet the goals of high quality and dignified health care for our people.

Our planning activities during 1968 have increased in span and pace. One may view these activities in two categories: those concerned with The New York Hospital-Cornell Medical Center programs exclusively, and the community planning efforts which concern directly the congregation of institutions on the East Side of New York City including Memorial Hospital, the Sloan-Kettering Institute, the Hospital for Special Surgery, the Manhattan Eye, Ear and Throat Hospital, and The Rockefeller University.

The central planning group within the Center has made significant progress during the year. Program needs have been identified and defined

and gross physical space requirements evaluated. In broad terms, we are projecting needs for approximately double the present space in the next twenty years.

Much attention has been given to design of the in-patient units of the complex. Good fortune led us to consult with experienced systems engineers to develop an optimal arrangement for efficiency, economy and flexibility, allowing for accommodation to rapidly changing technological advances in automation, mechanization and electronic data processing. Most hospital designs are outmoded by the time of completion.

The new design provided by our systems engineering consultants, working with the staff, has many innovative features which we believe will meet the defined needs. However, because of the unique features of the unit design, the testing of an experimental unit is desirable. This is being undertaken concurrently as we develop the information necessary to choose amongst our various options for bulk construction in the Center.

In addition to planning for our own needs, we are very much involved in community planning. The group of biological science and health-related institutions between 63rd and 72nd Streets on the East Side in New York City comprises one of the largest such consortiums in existence. With annual expenditures of more than 140 million dollars, and staff and personnel numbering approximately 10,000, the institutions maintain over 2,000 hospital beds, conduct research ranging from the most basic biological and physical scientific type to the development of new methods of delivery of health care, and educate more than 1,000 students in the health professions annually.

The first institution to locate in this area was the Rockefeller Institute, now University, which was initiated shortly after the turn of the century.

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Internationally, it has represented one of the most important centers in biological science, and since its evolution to a graduate university, has been an important resource in the education of leaders in the biological and medical sciences. Proximity to the Rockefeller Institute played an important part in the choice of site for The New York Hospital-Cornell Medical Center, when plans for its location were being studied in the 1920's.

At the time of the opening of this Center, a number of other corporate entities had already joined The Society of the New York Hospital and formed part of the affiliation with Cornell University. These included: The Society of the Lying-in Hospital of the City of New York; The Nursery and Child's Hospital; the New York Infant Asylum; The New York Nursery and Child's Hospital; and Manhattan Maternity and Dispensary. One of the unique features of this consortium of institutions was their readiness to live and work together toward their mutual goals of excellence in patient care, education and research.

From 1932 to the present the area was enriched by the establishment of Memorial Hospital for Cancer and Allied Diseases, the Sloan-Kettering Institute for Cancer Research and the James Ewing Hospital, representing important additional resources for the community.

As early as 1927, a distinguished consultant in the Hospital-Medical College association indicated that in due course it would be desirable to add units for Ophthalmology and Orthopedics. The opening of the Hospital for Special Surgery, as an affiliate of the Medical Center, in 1955, marked the accomplishment of meeting the orthopedic needs. In 1968, an affiliation agreement was signed between The New York Hospital,



*Total patient care includes appetizing foods which contribute to recovery. One of the 40 dieticians advises a patient about selecting foods to conform with his diet. Half of the Hospital's patients must have diets adjusted to their individual medical needs.*

Cornell University and Manhattan Eye, Ear and Throat Hospital with the goal of adding to the central complex a facility for expansion and extension of work in Ophthalmology and Otorhinolaryngology.

In addition, for some years studies of our programs have indicated a deficiency in rehabilitation and related work. This need was happily met in 1968 with an affiliation agreement signed between the Medical Center institutions and The Winifred Masterson Burke Relief Foundation, with the long-range goal of construction of a modern intermediate-care unit as part of the complex.

All of these institutions, together with The Rockefeller University, share an interest in the development of the geographic area of the city in which they are located as an optimal environment for the conduct of their programs. For several years they have been concerned with the development of this neighborhood as a unique urban health campus community. High importance has been placed on providing the educational, recreational and housing facilities to promote attraction and retention of the highest quality of professional and supporting personnel. As the year ends, the institutions have committed themselves to a coordinated program toward this goal, and significant progress has been made.

## *Report of the President of the Medical Board*

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DAVID D. THOMPSON, M.D.

In the continuing discussions of the role of hospitals in the health picture today, there has been too little recognition of the differences between various hospitals and the purposes they serve. There are notable contrasts between a teaching hospital, such as The New York Hospital, part of a leading medical center, and the many worthy institutions, often referred to as community hospitals, which are primarily oriented toward good patient care in routine illness.

Dedicated to research as well as patient care, The New York Hospital is one which innovates. The spirit of scientific inquiry permeates every floor of the Hospital, every Department and every subdivision. We are not satisfied merely to cure the patient; at the same time, we seek ways to effect more rapid and more complete recovery. Much of our effort is directed toward saving lives which, by the rulebooks, should be doomed.

We not only garner new knowledge, but act upon it. This may involve an operation calling for as many as twenty participants; the construction and installation of a \$50,000 nuclear camera to locate tumors in the brain and other organs; or the virtual rebuilding of an infant's anatomy, faulty at birth, by a series of as many as seven major operations.

It is not difficult to appreciate the cost, in dollars, of such an approach to the practice of medicine; what is often forgotten is the price exacted in time, energy and dedication of a staff of unusual talent and vision.

This staff feels an eagerness, as well as an obligation, to undertake programs which offer a potential for human betterment, even though they show no early guarantee of paying off in tangible results and certainly not in financial terms. A

good example is the organ transplant program, well established in the kidney transplant sector and now expanding to include other organs.

Because this is the kind of hospital we are, other hospitals refer to us many patients with complicated illnesses for which they do not have the experience, the technical skill or the necessary facilities. As a result, few of our cases are routine; the large proportion of our patients are acutely ill, often with several concomitant conditions requiring treatment. They need, and receive, an unusual concentration of treatment resources and for longer periods of time. That factor alone elevates the financial cost of caring for patients in The New York Hospital.

As a teaching hospital, we pass on what we have learned not only to our own personnel but also to physicians in other institutions. A list of the papers published, and the lectures given by our staff members, would fill a volume of this size. Doctors from all over the world come to the Center, not only to give us the benefit of their experience, but also to learn, through personal contacts or on a formal basis through attendance at seminars and such programs as the Pediatric Premature Institute. This activity does not benefit the balance sheet; its value lies in the advance of medicine as a whole and a service to humanity that is without price.

None of these activities would be possible without a professional staff of unusual caliber, ability and dedication. The Medical Board of the Hospital has, among many other duties, the responsibility for recruiting the staff and, subject to the approval of the Board of Governors, ruling upon all appointments, promotions and terminations. The record and the reputation of the institution testify to its success in this regard.

One such individual was Dr. John Milton Mc-

Lean, an internationally acknowledged leader in Ophthalmology. His tragic death on May 2, 1968, left a void that will be difficult to fill. His many devoted patients and students attest to his remarkable character and leadership qualities.

Following is a summary of staff changes made during the year 1968, affecting those of the rank of Assistant Attending and above:

*New Appointments:* Dr. James A. Moore was made Attending Otorhinolaryngologist and Acting Director of The New York Hospital Division of the Department of Otorhinolaryngology. Dr. Donald M. Shafer became Acting Ophthalmologist-in-Chief. Dr. Edward Amberson Dunlap was appointed Acting Director of The New York Hospital Division of the Department of Ophthalmology. Dr. Philip Lankowsky was named Acting Pediatrician-in-Chief as of September 1, 1968.

The following became Consultants to the Hospital: Dr. Leona Baumgartner, Pediatrics; Dr. James L. German, Pediatrics; Dr. David M. Levy, Pediatrics (Psychiatry); Dr. Charles M. McLane, Obstetrics and Gynecology; Dr. T. Campbell Thompson, Surgery (Orthopedics); and Dr. Preston A. Wade, Surgery.

The following were appointed Associate Attending Physicians: Dr. William Alexander Bricoe, Dr. Henry O. Heinemann, Dr. Norman P. Javitt, Dr. Aaron J. Marcus and Dr. Klaus Mayer. Dr. M. Renate Dische was named Associate Attending Pathologist.

Dr. Lee Salk was appointed Attending Psychologist in Pediatrics. Dr. Guilio J. D'Angio was made Attending Radiologist and Dr. Joseph P. Whalen, Associate Attending Radiologist. Dr. Henry Gans was appointed Associate Attending Surgeon.

At the Westchester Division, New York Hos-

*Surgery on infants is an ever-growing aspect of total patient care. Shown with his mother and the surgeon who cared for him is a little boy whose life was saved by two operations, carried out on the second and third day of his life.*



*In the Radio-Isotope Laboratory the Picker Nuclear Dynacamera is used to detect tumors in the brain, liver, spleen and other organs. The equipment on the far wall is part of the \$50,000 installation.*



*Emergency cart contains all equipment and medication necessary for patients in respiratory failure or heart arrest. Specially trained teams rush the carts to the patient's bedside. More than fifty such carts are kept in strategic areas of the Hospital.*

pital-Cornell Medical Center, Dr. Walter L. Freedman was appointed a consultant in Gynecology and Dr. Alexander S. Butkiewicz a consultant in Radiology.

**Promotions:** Members of the professional staff were promoted to higher positions during 1968 as follows:

Attending Anesthesiologist, Dr. Alan Van Poznak; Attending Physicians, Dr. Thomas Killip, III, Dr. W. P. Laird Myers and Dr. Ralph E.

Peterson; Associate Attending Physicians, Dr. Norman Brachfeld, Dr. Leonard Heimoff, Dr. John LaDue, Dr. Richard McCormack, Dr. Ralph N. Nachman and Dr. Lawrence Sonkin;

Attending Neurologist, Dr. Fletcher H. McDowell; Associate Attending Neurologist, Dr. Henn Kutt and Dr. Paul McHugh; Associate Attending Obstetrician and Gynecologist, Dr. Hortense Gandy;

Attending Pathologist, Dr. George E. Murphy; Associate Attending Pathologist, Dr. Charles A. Santos-Buch and Dr. Leslie H. Sobin; Associate Attending Pediatrician, Dr. John L. Lewis, Jr.; Associate Attending Psychiatrist, Dr. Lawrence I. Hatterer and Dr. Alan A. McLean; Associate Attending Radiologist, Dr. Robert H. Freiburger;

Attending Surgeon (Orthopedics), Dr. James A. Nicholas; Associate Attending Surgeon, Dr. Albert L. Rubin, Dr. Peter M. Guida, Dr. John C. Whitsell, III; Associate Attending Surgeon (Plastic Surgery), Dr. David W. Furnas, Dr. Dieran Goulian, Jr. and Dr. Reuven K. Snyderman.

**Resignations and Deaths:** The following resignations were accepted during 1968:

Dr. Margaret Dann, Consultant in Pediatrics; Dr. Charles E. Farr, Consultant in Surgery; Dr. Marvin H. Sleisenger, Attending Physician; Dr. Donald J. Simons, Associate Attending Neurologist; Dr. David B. Crawford, Jr., Associate Attending Obstetrician and Gynecologist; Dr. Witley Branwood, Attending Pathologist; Dr. Richard M. Torack, Associate Attending Pathologist, and Dr. Marion E. Erlandson, Associate Attending Pediatrician.

In addition to the loss of Dr. John Milton McLean, we record with sorrow the deaths of Dr. Alexander Raymond Stevens, Dr. Frank E. Cornia and Dr. Charles O'Regan.

## *1968: Progress in Total Patient Care*

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The year 1968 was one of steady forward progress at The New York Hospital. Even though there were financial problems, more patients were treated than the year previous and important strides were made toward the Hospital's ever-widening goal of total patient care.

Elsewhere in this volume the reader will find recorded the exact number of patients treated, divided into appropriate categories and contrasted with previous years. However, the significance of such figures lies not in the facts themselves, but in the realization that each individual represented a suffering man, woman or child, and that this institution brought its total resources to bear upon that patient's problem, to ease his distress and make him well again.

The Hospital is divided into Departments, each with its own staff and fields of interest. Three new departments were established in 1968 so that more intensive programs could be carried on in the areas of eye treatment, treatment of the ear, nose and throat, and rehabilitation medicine. Though each department has its own responsibilities, there are no sharp divisions between them where the patient is concerned. A single patient may be examined by physicians of the Department of Medicine, given the benefit of precise diagnosis through X-rays made by the Department of Radiology, and assisted by specialists of the Department of Anesthesiology both during and after an operation performed by a surgeon from the Department of Surgery. The Department of Pathology may have been called upon to make a tissue diagnosis during the surgical procedure. There was also available to the patient, at any time during his illness or convalescence, a consultation with the Department of Psychiatry, if that were needed. All of these procedures were initiated and coordinated by the

patient's attending physician. If he had none, a member of the House Staff initiated the procedures under the supervision of the department head.

Throughout his stay at the Hospital, the patient was cared for by a devoted nursing staff individually trained in treating the condition from which the patient suffered. Even the meals he ate were planned for him by skilled dietitians. Concern for the patient's total well-being went beyond his purely medical problems; experts from the Social Service Department were prepared to give him counsel and practical help on family or job difficulties arising from his illness. A corps of trained Volunteers stood ready to make his stay at the Hospital more pleasant by running errands, reading to him, writing letters for him, or just to visit and keep him company. A visit by a chaplain of his faith could also be arranged.

Even after his discharge from the Hospital, concern for the patient continued. He may have been discharged and rejoined his family earlier because of the Home Care Program recently instituted. The patient may also have benefitted from visits to the Out-Patient clinics, to check upon his progress and to prevent any recurrence of the disease from which he suffered.

The concept of total patient care rests upon the excellence of the care that is provided, and this in turn rests upon continuing programs of research and innovation. Many such were made in The New York Hospital during 1968.

The new techniques of organ transplant made impressive forward strides; for the first time a heart transplant was performed in The New York Hospital. The program of kidney transplants surged forward; 21 were performed as against 8 the previous year. One incident in particular

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epitomized the advances made in this field; a woman whose life was saved by a kidney transplant at the Hospital in 1964 successfully gave birth to a normal infant in the Hospital in 1968. She became the fourth kidney transplant patient in the world to do so. The medical specialists of the kidney transplant programs worked closely with the physicians of the Department of Obstetrics and Gynecology to make this happy event possible.

The facilities for dialysis (use of the artificial kidney machine) were enlarged and the Hospital became the kidney transplant center for a group of hospitals in the area.

Another branch of organ transplant was on the rise. This was in the field of transplant of the cornea of the eye, a technique for restoring vision to eyes whose corneas have become opaque or distorted. Forty-five such operations were performed in the Hospital in 1968, an increase of approximately a third over the previous year.

The volume of heart surgery grew markedly. During the year, 70 closed heart operations and 88 pacemaker operations were performed. There were 203 open heart operations in 1968, as contrasted with 75 in 1967.

The Department of Anesthesiology kept pace with the increased surgical load and arranged the staffing of the department to meet the needs of transplant surgery, which may take place at any hour of the day or night. Because of the amount of surgery upon extremely ill patients, increasing demands were made on the anesthesiologists for the use of respirators and monitoring devices. This was particularly the case in connection with surgery to correct defects in new born infants.

An outstanding feature of the work of the Department of Radiology during 1968 was the

increase in the activities in the radioisotope laboratory, where 6,300 procedures were performed, with an especially large increase in the screening of large organs. Liver scans were up by 35 per cent, brain scans by 30 per cent and lung scans by 400 per cent. A new piece of equipment was acquired late in the year, a dual-headed 5-inch rectilinear scanner. This device makes it possible to do two scans simultaneously, both saving time and lessening the inconvenience to the patient.

Like radiology, the Department of Pathology provides important backup services to other departments of the Hospital. During 1968 the Division of Surgical Pathology made approximately 12,000 tissue diagnoses, including more than a thousand frozen sections. This entailed preparing 37,000 microscopic slides and taking 800 specimen photographs. The Papanicolau Cytology Laboratory examined 34,208 specimens during the year.

The Department of Medicine is one of the largest in the Hospital, with 500 physicians working in twelve Divisions. As in other departments, its members are distinguished for the research they carry on. During 1968, there were 78 research projects in progress in this one department of the Hospital; 12 of the projects had to do with various aspects of myocardial infarction, or heart attack. A project of particular interest was carried on in collaboration with physicians from the Department of Neurology. This was clinical testing of L-Dopa, a promising medication for the alleviation of Parkinson's disease.

The Department of Psychiatry cares for patients in two institutions, The New York Hospital-Cornell Medical Center Westchester Division in White Plains, N. Y., and Payne Whitney Psychiatric Clinic, a part of the Hospital in New



*A wing of the new Recovery Room, where intensive nursing care is given to patients after surgery. The 16-bed facility provides the latest known equipment for safeguarding life during this crucial period.*

York City. At the Westchester Division there was an average daily census of 274; more individual patients were treated than in 1967 because of reduced length of stay. The same was true at the Payne Whitney Psychiatric Clinic; during the past two years the average length of stay has been lowered from four months to two and a half months.

In both institutions, allied health professionals were being trained to participate more directly in the care of patients. Social workers and clinical psychologists were making increasingly valuable contributions in this field.

The Payne Whitney Psychiatric Clinic established a unique suicide prevention program, aimed at those who have made an unsuccessful suicide attempt. A team made up of psychiatrists and social workers established liaison with the emergency units of various hospitals, so that they could be summoned to provide psychiatric help to patients who have attempted suicide. Previously these patients were given medical treatment and discharged. The patients in the program come to the clinic for therapy and for

medication as needed. Over 50 patients were treated during the first six months of the program.

The Department of Obstetrics and Gynecology had no maternal deaths during the year 1968. The total number of patients discharged, including newborn, was 13,830, an increase of 18.6 per cent over 1967. The Family Planning Clinic continued to be heavily utilized and saw 1,536 patients for a total of 2,903 visits.

Of the 6,037 adult obstetrical patients, 1,199 had been transferred from other hospitals, principally Lincoln Hospital. This arrangement was made to take care of their patients during the reconstruction of Lincoln Hospital's obstetrical wards. The Department is to be congratulated on its handling of this noteworthy example of community cooperation.

The Department of Pediatrics admitted 2,352 children for treatment, entailing 30,792 patient days. The Out-Patient Department recorded 34,599 visits. During the latter part of the year a study, by questionnaire, was made of patients using the Out-Patient Clinic and the Emergency

*These two little sisters were victims of an auto accident. Schooling, recreational programs, even psychological counselling, if needed, are available to them as part of total patient care.*

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Room. The study provided valuable information about the patient's health needs and their utilization of medical services.

The care of children with congenital defects continued to be a major activity of the Department. This was particularly true of surgical operations to correct heart defects and defects of the urinary system. The supporting laboratories of the Department were kept busy: 189 cardiac catheterization procedures with contrast visualization, often a prelude to heart surgery, were performed, 44 of them on infants under one year of age. The Children's Transfusion Clinic, which cares for children with blood diseases, found that the use of frozen blood for the many transfusions these children require had a beneficial effect and lowered adverse reactions. Surgical procedures were successfully carried out on nine children with bleeding problems.

Evening conferences have been held with the parents of these children to keep them informed of the progress of research in the field. The conferences provided a valuable interchange of information as well as emotional support for the families in question. A similar series of evening conferences was held for parents of children who have hearing problems. They were arranged by the Speech and Hearing Clinic.

The excellence of the care given to patients of The New York Hospital stands out clearly when it is put into historical perspective. Many of the major diseases have been all but eliminated as causes of death. For example, antibiotics have brought about a marked decline in rheumatic fever; tuberculosis, while still a problem, is not the scourge it once was. Vaccines are wiping out what used to be major killers, such as diphtheria, polio and tetanus; a similar victory against rubella (German measles) is on the horizon.

A generation ago there were neither kidney transplants nor artificial kidney machines; twenty years ago there was no open heart surgery. No one, fifteen years ago, could have had a cardiac pacemaker or a defibrillator; ten years ago there was no such thing as a new heart valve. Throughout the Hospital, modern medical miracles are restoring health and saving lives that formerly were lost. All this has been made possible because the concept of total patient care means care not only for today, but planning for better care tomorrow.

The founders of The New York Hospital set the goal of the Hospital on four great building blocks: patient care, teaching, research and preventive medicine. It can truthfully be said that significant progress was made toward all four of those goals in The New York Hospital in 1968.

# Report of the Director of the Hospital

DAVID D. THOMPSON, M.D.

The year 1968 was a very active one, both in terms of volume and quality of patient care offered by The New York Hospital. The number of patients admitted for hospitalization rose from 30,208 in 1967, to 33,156 in 1968. Visits to the out-patient clinics increased from 230,518 to 253,810, reflecting the growing importance of this form of medical assistance which we are giving to the community. Similarly, the number of visits to the Emergency Pavilion increased from 30,659 to 33,104.

At the same time, despite the increase in number of hospitalized patients, there was a slight decline in the number of patient days, from 449,666 to 445,574, reflecting our efforts to reduce the length of hospital stay.

A notable improvement in the physical resources of the Hospital was the construction of a new Recovery Room on the floor where the surgical suites are located. The room has facilities for 16 patients and provides built-in cardiac monitors, oxygen outlets and suction outlets. The Hospital's rapidly expanding program in kidney treatment and kidney transplants necessitated the construction of new and enlarged facilities for dialysis (the artificial kidney machine). It is notable in this connection that our institution was made the first Regional Center of the New York State Kidney Disease Institute.

A new Pediatric Clinical Research Center was also constructed during 1968; it provides four beds for intensive care and study of children under the age of four years. Administrative efficiency was improved by the grouping of all administrative offices along one corridor of the Hospital.

All of this progress was made in the face of trends in public affairs which have made the financing of patient care ever more difficult. On

April 1, 1968, the New York State Legislature enacted measures which severely curtailed the State Medicaid program. All people aged 21 to 64 were cut from the Medicaid rolls, unless they were on public assistance, were blind or disabled, or suffered what was defined as "catastrophic illness", that is, illness the cost of which would reduce their income below public assistance levels. In addition, the income level for eligibility of a standard family of four was reduced from \$6,000 to \$5,300.

The New York Hospital was confronted with a situation in which many needy people whose income was barely above public assistance levels appealed to us for medical treatment, the cost of which they were unable to meet in whole or even in part. True to its tradition the Hospital cared for these people regardless of the cost involved.

The impact of these events is indicated in the figures below which show the net operating income of the three divisions of The Society of the New York Hospital for 1968, as contrasted with 1967.

NET OPERATING INCOME (Deficits shown in parentheses)		
	1967	1968
The New York Hospital	(\$ 725,857.67)	(\$1,513,730.68)
Payne Whitney		
Psychiatric Clinic	( 276,895.29)	( 422,145.85)
Westchester Division	( 384,727.62)	( 369,474.97)
Total for		
The Society	(\$1,387,480.58)	(\$2,305,351.50)

We have been fortunate in the past two years in that the large operating deficits have to a great extent been covered by non-operating revenue derived from investments and contributions



*Meticulous laboratory investigation plays an important part in medical diagnosis. A skilled technician mounts a specimen on a slide for further study in the Cytology Laboratory.*

from members of The Society and the general public. This income was approximately \$2.2 million per year.

A second factor has appeared on the horizon which will influence future financial administration of the Hospital. It appears probable that third party payers, such as Medicare, Medicaid and Blue Cross, will modify their reimbursement formulae, so that our income will be more controlled, in an attempt to slow down the spiraling costs of hospital care. When it is considered that 80 per cent of our hospitalized patients are covered by third-party carriers, the impact becomes apparent.

New programs for reimbursement are now being studied by Blue Cross, Medicare and Medicaid. At this juncture it appears probable that negotiated income payments will be developed with built-in incentives for cost reduction.

The wisdom of such a course is debatable. The cost of services provided by a hospital are to a large extent unpredictable, since they depend upon such variables as the types of medical problems encountered and the innovations which develop in medical care. Further than that, it is

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unsound to compare costs between hospitals, since the type of care varies greatly among the various institutions. Some hospitals, such as The New York Hospital, deal primarily with complex cases; the more complex the illness, the more expensive the care must be.

It should also be pointed out that the Hospital expends more per patient during the first critical days of illness. In the majority of cases, as time passes the cost of the care becomes less. As a result, the hospital which makes an honest effort to shorten the patient's stay will show a higher per diem cost. Hospitals should not be penalized for reducing the length of the patient's stay.

New responsibilities which will rest very heavily on hospital administration will include developing a realistic and careful budget, within which we can operate, and adhering to the budget with precision. This must be accomplished in the face of continuous pressure to raise the wages and salaries of hospital personnel.

Our one recourse is to continue the constant struggle to improve the effectiveness and efficiency of administrative functioning in the delivery of patient care. We are approaching this problem by combining the talents of industrial engineers with those of the professional and non-professional staff to assess all aspects of delivery of the patient care package.

Studies have been initiated to evaluate functions in medical and surgical nursing units, the objective being to eliminate unnecessarily complicated procedures and to better utilize the time of personnel for direct patient care. Progress is being made and certain changes in schedule of procedures and layout of patient units should improve efficiency as well as quality of care. This is an on-going program which will continue to be high on the list of priorities in the months

*Medical teamwork in action: seven specialists confer on the problems of one child in the Growth Developmental Clinic.*



ahead.

The New York Hospital, which was one of the most modern hospitals, when it opened in 1932, is in need of new and renovated facilities. Space is inadequate and the mounting needs incident to the increasing complexity of patient care have made the problem even more acute. For this reason a great deal of effort is being expended in planning of new facilities. Future reports will include details as our planning progresses.

In the meantime our excellent staff continues to deliver the highest quality care and there has been no curtailment in the introduction of new procedures. There are many examples in The New York Hospital of forms of treatment not dreamed of in 1932.

Despite the national shortage of nursing personnel, the nursing staff, under the direction of Miss Carbery, has been able to recruit and train personnel to deliver specialized intensive care in the cardiac care, dialysis and pediatric intensive care units. In some units, such as those caring for the high risk infant, a one to one ratio of nurse to patient often is required.

Modern medical equipment contributes to the complexity of procedures, and the operation of such equipment is a heavy responsibility for medical, nursing and engineering personnel. A recent survey of equipment in operation on one 29-bed unit showed 21 such devices being used. In addition to the cardiac monitors in the Cardiac Care Unit, there are 20 additional monitors

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which are in almost constant use.

Our staff has risen to these challenges by broad programs of in-service education. These additional demands are a factor in increased costs, but they must be met if we are to give our patients the high quality of care to which the Hospital is dedicated.

During the year, 434 Volunteers served in 36 areas of the Medical Center, among them 30 students who volunteered for the summer. Six areas of the Hospital were covered by evening recreation programs, an expanding activity. Among other activities, 1,447 dolls were made

and distributed among the child patients of the Hospital.

A total of 47,460 hours of service was performed by these generous, highly-trained men and women who contribute so much to the well-being of our patients.

In closing, I would like to express my appreciation of the cordial cooperation which I have received from other units of the Medical Center, and my indebtedness to a talented and conscientious staff without whose efforts the accomplishments of the year would have been impossible.



*Trained social workers contribute to total patient care by counselling patients on family, economic or social problems which might impede recovery. Here, plans for the care of the patient after discharge from the Hospital are being discussed.*

*A patient learns a hobby while a broken hip is mending. This Diversionary Therapy program is made possible through the cooperation of the Volunteers Department and the Women's Auxiliary.*



## Report of the Women's Auxiliary

MRS. VAN VECHTEN BURGER .

The Women's Auxiliary had an active year and welcomed into its ranks several new members. The meetings were enlivened by very interesting speakers, among them Dr. David D. Thompson, Director of the Hospital, Dr. John A. Evans, Radiologist-in-Chief, and Miss Marjorie Jonas, Director of the Social Service Department.

Every November an affair is arranged at which the members of the Auxiliary meet the Staff and Departmental heads with which they work. In 1968, this took the form of an afternoon meeting in the Griffis Faculty Club, and was most informative and enjoyable. The new volunteers were introduced to the Auxiliary members at a tea in December, very graciously arranged in her apartment by Mrs. Frank Mannheim, a member of the Auxiliary Board.

All of the Auxiliary committees were active during the year. Mrs. Locke McLean, chairman of the Pediatrics Committee, reported that the annual Christmas party given by the Pediatric Recreation Department, under Auxiliary auspices, was more successful than ever. As part of the project, 75 dolls were purchased by the Auxiliary and dressed by Volunteers for distribution to child patients of The New York Hospital and child out-patients at the Payne Whitney Psychiatric Clinic. The gifts added greatly to the children's enjoyment.

The Nursing Committee, co-chaired by Mrs. John Parkinson, Jr. and Mrs. Edwin T. Hauser, arranged several summer outings for the nurses, as well as a trip to Stratford, Conn., for a performance of a Shakespearean play. The Nurses Residence was benefitted by the purchase of some much needed furniture, as well as artificial flowers.

Mrs. John T. Pratt, Jr., selected material for new draperies and stage curtains for the Nurses



*Over 30,000 patients look to the Hospital's out-patient services for their primary source of medical care. Trained pharmacists fill prescriptions for these patients.*



*A patient whose kidneys no longer function has his blood cleansed by dialysis, the artificial kidney machine. This procedure in patient care was developed only during the last decade.*

Auditorium. She also supervised the redecoration of the waiting area in the Hospital outside the Gift Shop, greatly improving its appearance.

Mrs. Philip Hopp and Mrs. Shumer Lonoff arranged for much needed equipment to be donated to the Occupational Therapy department. Mrs. W. Allston Flagg and Mrs. Lauretta D. Robinson used their good auspices to secure donations for the Payne Whitney Psychiatric Clinic; these gifts ranged from refrigerators to television sets as well as money for various projects.

Mrs. William Duryea, who worked closely with Miss Jonas of the Social Service Department, was instrumental in obtaining funds to help initiate a group therapy program under the Department's supervision.

The Gift Shop at the Hospital had a successful year. Mrs. Malcolm Smith, the chairman of this committee, used her purchasing acumen to ensure that the Shop was a profitable enterprise.

Mrs. Thor Thors, Jr., was responsible for the success of the United Hospital Fund Drive. Under her leadership nearly \$127,000, 94 percent of our quota, was raised by the Auxiliary.

A very successful luncheon and fashion show, held in April, greatly enhanced the financial contribution of the Thrift Shop, which was under the supervision of Mrs. John L. Baringer. The Luncheon Committee was headed by Mrs. John Horn and Mrs. Harilaos Theodoracopulos; the affair was attended by over 400 guests.

The Auxiliary members were deeply saddened during the year by the death of Miss Helen Mitchell Graves, who with her twin sister Marilyn was co-chairman of the Patients Library Committee. She was a devoted Volunteer whose loss to the Hospital is much felt. The Library has been named in her memory. Miss Marilyn Graves remains Library Chairman and has done a magnificent job. The February Book Sale netted \$1,113.

The Auxiliary also reports, with regret, the resignation from active membership of Mrs. Warren Hedden, First Vice-Chairman, who has moved from the City. Mrs. Hedden was a devoted and capable officer of the Auxiliary and she will be greatly missed. I personally owe to her, as well as to all the Executive Committee, a debt of gratitude for their hard work and cooperation.

## *Standing Committees of the Board of Governors / 1969*

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### ***Executive Committee***

Frederick K. Trask, Jr., *Chairman*  
Walter G. Dunnington, Jr.  
Ernest F. Gamache  
Kenneth H. Hannan  
Mrs. Stuart H. Ingersoll  
Jean Mauzé  
George S. Moore  
Stanley de J. Osborne  
Mrs. John T. Pratt  
David D. Thompson, M.D.  
John Hay Whitney

### ***Finance Committee***

Jean Mauzé, *Chairman*  
Benjamin S. Clark  
Ernest F. Gamache  
John L. Loeb  
Samuel C. Park, Jr.  
David D. Thompson, M.D.  
Edwin Thorne

### ***Membership Committee***

Walter G. Dunnington, Jr., *Chairman*  
Mrs. Vincent de Roulet  
Ernest F. Gamache

Mrs. Stuart H. Ingersoll  
Mrs. Maynard C. Iverson  
Francis Kernan  
Devereux Milburn  
A. G. Paine  
John L. Weinberg

### ***Psychiatric Committee***

Walter A. Kernan, *Chairman*  
George F. Baker, Jr.  
R. Palmer Baker, Jr.  
Ernest F. Gamache  
Joseph Verner Reed, Jr.  
David D. Thompson, M.D.  
Albert Carey Wall

### ***Nominations Committee***

Richard G. Croft, *Chairman*  
Francis Kernan  
Kenneth H. Hannan  
Devereux Milburn  
Frederick K. Trask, Jr.  
John Hay Whitney

### ***Real Estate Committee***

Robert W. Purcell, *Chairman*

R. Palmer Baker, Jr.  
Ernest F. Gamache  
Walter A. Kernan  
Jean Mauzé  
David D. Thompson, M.D.

### ***Retirement Board***

Albert Carey Wall, *Chairman*  
Ernest F. Gamache  
Louis M. Loeb  
Samuel C. Park, Jr.  
David D. Thompson, M.D.

### ***Audit Committee***

John L. Weinberg, *Chairman*  
George F. Baker, Jr.  
William A. M. Burden  
George S. Moore  
Stanley de J. Osborne  
Samuel C. Park, Jr.

### ***Law Committee***

Walter G. Dunnington, Jr., *Chairman*  
Edward W. Bourne  
Louis M. Loeb

### ***Budget Committee***

Stanley de J. Osborne, *Chairman*  
Kenneth H. Hannan  
Jean Mauzé

### ***Hospital Art Committee***

Mrs. Stuart H. Ingersoll, *Chairman*

### ***Wage and Salary Committee***

Devereux Milburn, *Chairman*  
Walter G. Dunnington, Jr.  
Frederick K. Trask, Jr.  
John L. Weinberg  
Kenneth H. Hannan, *ex officio*

### ***Nursing Committee***

R. Palmer Baker, Jr., *Chairman*  
Mrs. Vincent de Roulet  
Mrs. Stuart H. Ingersoll  
Louis M. Loeb  
Jean Mauzé  
Mrs. John T. Pratt  
Kenneth H. Hannan, *ex officio*

## ***Officers of the Women's Auxiliary of The New York Hospital***

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Mrs. John Baringer  
*Chairman*  
Mrs. Thor Thors, Jr.  
*Vice-Chairman*

Mrs. John Horn  
*Vice-Chairman*  
Mrs. William M. Duryea, Jr.  
*Secretary*

Mrs. Stuart Ingersoll  
*Treasurer*

## ***Officers of the Ladies' Auxiliary to the Lying-In Hospital***

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Mrs. David N. Barrows  
*President*  
Mrs. J. Culbert Palmer  
*Vice-President*

Mrs. Graham Hawks  
*Treasurer*  
Mrs. Robert Kinzel  
*Assistant Treasurer*

Mrs. Elmer Kramer  
*Recording Secretary*  
Mrs. Randolph Gepfert  
*Corresponding Secretary*

## ***Administrative Officers/1969***

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*Director*  
David D. Thompson, M.D.  
*Administrator*  
August H. Groeschel, M.D.  
*Comptroller*  
George J. McBride  
*Associate Director*  
William H. Scott  
*Associate Director for*  
*Corporate Affairs*  
Ernest F. Gamache  
*Associate Director for*  
*Professional Affairs*  
Melville A. Platt, M.D.  
*Director, Ambulatory Services*  
Allyn B. Ley, M.D.

*Director, Nursing Service;*  
*Dean, School of Nursing*  
Muriel Carbery, M.S., R.N.  
*Associate Dean, School of Nursing*  
Mrs. Ruth L. Kelly, Ed.D., R.N.  
*Director, Personnel*  
H. Henry Bertram  
*Director, Public Relations*  
Mrs. Kay Bailly  
*Chief Pharmacist*  
Norman Baker, B.S.  
*Director, Information*  
Charles A. Wilkie  
*Director, Personnel Health*  
William N. Christenson, M.D.  
*Purchasing Agent*  
Lloyd G. Darling  
*Director, Medical Information*  
Jennie De Prima

*Director, Building Service*  
Charles W. Farnham  
*Chief, Engineering*  
David Ferguson  
*Assistant to the Director,*  
*Payne Whitney Psychiatric Clinic*  
Ronald Hamann  
*Director, Social Service*  
Marjorie Jonas, M.S.  
*Executive Assistant*  
Edmund Kadysiewski  
*Director, Linen and Laundry*  
Frederick Way  
*Executive Assistant*  
Cosmo J. La Costa  
*Director, Medical Records*  
Mrs. Edna M. Rutherford, B.A., R.R.L.  
*Director, Security*  
Vincent E. Loughlin

*Director, Nutrition*  
Esther J. Mackereth  
*Manager, Accounts*  
John J. Moore  
*Executive Assistant,*  
*Building and Communication Services*  
James J. O'Connell  
*General Storekeeper*  
Henry E. Schlereth  
*Director, Volunteers*  
Mrs. Sara T. Crawford  
*Executive Assistant,*  
*Purchase and Supplies*  
William Walton, B.A.  
*Chief of Service,*  
*Vincent Astor Diagnostic Service*  
Robert F. Watson, M.D.  
*Director, Central Sterile Supply*  
Martha L. Weller, R.N.

# Financial Statements

THE SOCIETY OF THE NEW YORK HOSPITAL, DECEMBER 31, 1968 AND 1967

## Balance Sheets

	ASSETS	1968	1967
CASH .....		\$ 749,451	\$ 1,207,983
ACCOUNTS RECEIVABLE:			
Patient care, less allowances of \$2,978,483 in 1968 and \$1,951,679 in 1967 for uncollectible accounts .....		12,370,268	9,948,603
Other .....		1,215,958	1,249,196
		13,586,226	11,197,799
INVENTORIES (at average cost), PREPAID EXPENSES AND DEFERRED CHARGES (Note 5)		4,813,400	4,817,615
INVESTMENTS:			
Marketable securities, at market (cost — \$34,035,342 in 1968 and \$38,089,026 in 1967) .....		46,658,297	50,171,554
Real estate, at cost (includes certain land at an appraised value of \$500,000) (Note 3) .....		4,404,713	2,288,819
		51,063,010	52,460,373
PLANT AND EQUIPMENT (Note 1) .....		57,429,218	54,012,860
Less—Accumulated depreciation .....		22,801,622	21,324,555
		34,627,596	32,688,305
HOUSING PROPERTY, at cost (Notes 2 and 3) .....		19,729,814	16,290,454
Less—Accumulated depreciation .....		1,037,339	593,924
		18,692,475	15,696,530
		<u>\$123,532,158</u>	<u>\$118,068,605</u>

## LIABILITIES AND CAPITAL

### LIABILITIES:

Accounts payable .....	\$ 1,790,639	\$ 1,398,311
Accrued liabilities .....	901,924	843,836
Temporary funds for special purposes .....	762,375	573,475
Retainage on construction contract .....	—	401,217
	3,454,938	3,216,839
Notes and mortgages payable (Note 3) .....	9,426,601	9,219,672
Total liabilities .....	<u>12,881,539</u>	<u>12,436,511</u>

CAPITAL (Notes 4 and 6) :

General fund .....	16,870,780	13,429,927
Plant fund (Note 1) .....	35,780,871	33,963,946
Restricted funds (including unrealized appreciation of marketable securities of \$12,622,955 in 1968 and \$12,082,528 in 1967) .....	57,998,968	58,238,221
	<u>110,650,619</u>	<u>105,632,094</u>
	<u>\$123,532,158</u>	<u>\$118,068,605</u>

The accompanying notes to financial statements are an integral part of these balance sheets.

*Statements of Income (Loss)*

FOR THE YEARS ENDED DECEMBER 31, 1968 AND 1967

	1968	1967
OPERATING INCOME:		
Care of patients (Note 4) .....	\$42,854,897	\$36,630,860
Other .....	2,183,381	1,942,513
Total .....	<u>45,038,278</u>	<u>38,573,373</u>
OPERATING EXPENSES:		
Nursing .....	17,354,732	14,791,360
Other professional services .....	10,958,209	8,769,110
Household and property operation .....	6,009,936	5,621,797
Nutrition .....	3,715,054	3,339,923
Provision for depreciation (Note 1) .....	1,575,079	1,338,158
Provision for employees' retirement plan (Note 5) .....	883,845	658,740
Administrative and general .....	6,846,774	5,441,766
Total .....	<u>47,343,629</u>	<u>39,960,854</u>
Operating deficit .....	2,305,351	1,387,481
INCOME FROM INVESTMENTS AND CHARITABLE TRUSTS .....	1,369,005	1,362,938
Deficit for the year before current contributions .....	<u>936,346</u>	<u>24,543</u>
CURRENT CONTRIBUTIONS:		
Amounts designated for special purposes and for psychiatric divisions .....	860,831	724,256
Distributions from the United Hospital Fund and The Greater New York Fund....	209,593	355,048
Memberships, gifts and contributions .....	627,553	425,265
Total .....	<u>1,697,977</u>	<u>1,504,569</u>
Less—Amounts designated for special purposes .....	782,150	643,206
Net current contributions .....	<u>915,827</u>	<u>861,363</u>
Net income (loss) for the year transferred to capital (Note 4) .....	<u>(\$ 20,519)</u>	<u>\$ 836,820</u>

The accompanying notes to financial statements are an integral part of these statements.

**ARTHUR ANDERSEN & CO.**

NEW YORK, N. Y.

To the Board of Governors,

The Society of the New York Hospital:

We have examined the balance sheets of The Society of the New York Hospital (a charitable corporation organized in New York in 1771) as of December 31, 1968 and December 31, 1967, and the related statements of income (loss) and changes in capital for the years then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying balance sheets and statements of income (loss) and changes in capital present fairly the assets, liabilities and capital of The Society of the New York Hospital as of December 31, 1968 and December 31, 1967, and the results of its operations for the years then ended, in conformity with generally accepted accounting principles consistently applied during the periods.

April 18, 1969.

Arthur Andersen & Co.

***Statements of Changes in Capital***

FOR THE YEARS ENDED DECEMBER 31, 1968 AND 1967

	1968	1967
BALANCE AT BEGINNING OF YEAR .....	\$105,632,094	\$ 90,723,242
Adjustment of plant and equipment accounts (Note 1) .....		5,360,000
BALANCE, AS ADJUSTED .....		\$ 96,083,242

ADD (DEDUCT) :

Net income (loss) for the year .....	( 20,519)	836,820
Legacies and capital gifts .....	3,485,367	2,233,234
Income earned on marketable securities of the restricted funds .....	887,820	800,579
Appreciation of marketable securities of the restricted funds—		
Realized, net .....	133,206	641,933
Unrealized .....	540,427	4,256,163
Write-up of certain land to appraised value .....	—	491,723
Adjustment of plant and equipment accounts (Note 1) .....		330,000
Miscellaneous—net .....	( 7,776) (	41,600)
BALANCE AT END OF YEAR .....	<u>\$110,650,619</u>	<u>\$105,632,094</u>

The accompanying notes to financial statements are an integral part of these statements.

### Notes to Financial Statements

DECEMBER 31, 1968

- (1) In 1968, the Society made an historical cost study, conducted by an independent appraiser, of all plant and equipment in use. The result of this study was to increase Plant Fund Capital by \$5,690,000, which represents capitalization of certain items not previously capitalized (\$3,290,000) (primarily prior years' repairs and maintenance expenses) and a decrease in accumulated depreciation (\$2,400,000) resulting from adjustments in the estimated remaining useful lives of property and equipment. These adjustments have been reflected in the accompanying balance sheet as of December 31, 1967, by retroactively restating applicable amounts. Depreciation expense for the year 1967 was not restated as the adjustment would not have had a significant effect on the 1967 statement of income.

The following tabulation sets forth the plant and equipment accounts of the Society at December 31, 1968, after reflecting the adjustments noted above and additions in 1968 at cost. (Payne Whitney Psychiatric Division amounts are Restricted Plant Fund Assets).

	GROSS AMOUNT	ACCUMULATED DEPRECIATION (STRAIGHT- LINE)	NET AMOUNT
<b>BUILDINGS:</b>			
New York Division .....	\$17,347,228	\$ 6,382,477	\$10,964,751
Payne Whitney Psychiatric Division .....	1,676,239	881,619	794,620
Westchester Division .....	7,435,477	4,101,001	3,334,476
	<u>26,458,944</u>	<u>11,365,097</u>	<u>15,093,847</u>
<b>BUILDING FIXTURES AND EQUIPMENT:</b>			
New York Division .....	20,819,772	9,165,214	11,654,558
Payne Whitney Psychiatric Division .....	1,139,818	685,703	454,115
Westchester Division .....	4,716,841	1,585,608	3,131,233
	<u>26,676,431</u>	<u>11,436,525</u>	<u>15,239,906</u>
<b>LAND, AT ASSESSED VALUES AT DECEMBER 31, 1943, PLUS SUBSEQUENT ADDITIONS AT COST OR FAIR MARKET VALUE AT DATE OF GIFT:</b>			
New York Division .....	3,081,591	—	3,081,591
Payne Whitney Psychiatric Division .....	190,350	—	190,350
Westchester Division .....	1,021,901	—	1,021,901
	<u>4,293,842</u>	<u>—</u>	<u>4,293,842</u>
<b>MEDICAL SCHOOL BUILDINGS, AT NOMINAL VALUE .....</b>	<u>1</u>	<u>—</u>	<u>1</u>
	<u>\$57,429,218</u>	<u>\$22,801,622</u>	<u>\$34,627,596</u>

(2) AT DECEMBER 31, 1968, HOUSING PROPERTY OF THE SOCIETY CONSISTS OF THE FOLLOWING:

	GROSS AMOUNT	ACCUMULATED DEPRECIATION (STRAIGHT- LINE)	NET AMOUNT
Laurence G. Payson House (Note 3) .....	\$13,823,236	\$ 352,363	\$13,470,873
445 East 68th Street .....	3,257,684	67,500	3,190,184
Staff Residence House (Note 3) .....	2,265,217	461,266	1,803,951
1303 York Avenue .....	257,738	95,512	162,226
434 East 70th Street .....	125,939	60,698	65,241
	<u>\$19,729,814</u>	<u>\$1,037,339</u>	<u>\$18,692,475</u>

(3) NOTES AND MORTGAGES PAYABLE CONSIST OF THE FOLLOWING:

	PRINCIPAL AMOUNT
5% mortgage payable in quarterly installments, including interest, of \$142,462 to November 1, 1984, and is secured by the land and building of the Laurence G. Payson House .....	\$6,250,522
5½% mortgage payable in monthly installments, including interest, of \$10,803 to November 1, 1991, and is secured by the Staff Residence House .....	1,683,720
4% unsecured note payable in monthly installments, including interest, of \$6,060 to December 1, 1988. The principal amount of the note (\$1,000,000) was used for the construction of the Laurence G. Payson House .....	997,274
7% mortgage payable in monthly installments, including interest, of \$1,980 to January 1, 1974 .....	157,500
7½% mortgage payable in quarterly installments, including interest, of \$2,396 to March 2, 1979 .....	127,800
6% mortgage payable in quarterly installments, including interest, of \$2,250 to April 10, 1986 .....	96,932
6% mortgage payable in quarterly installments of \$1,000 to October 31, 1972 .....	79,000
5¾% mortgage payable in monthly installments, including interest, of \$619 to February 27, 1983 .....	33,853
	<u>\$9,426,601</u>

- (4) The Society received retroactive adjustments to patient care income from Medicare and the Associated Hospital Service plans of New York and New Jersey totaling \$770,756 in 1968 and \$704,731 in 1967 covering insured patients admitted during the calendar years 1967 and 1966, respectively. Because such parties are remitting payments currently, it is anticipated that retroactive adjustments in 1969, for insured patients admitted in 1968, will be immaterial.
- (5) The Society has a trustees, noncontributory retirement income plan for all employees which entitles them to receive retirement benefits at age 65 (62 under an early retirement option) after 15 years of creditable service. The value of the retirement plan assets at December 31, 1968, exceeds the computed value of vested benefits for all employees who have fulfilled the retirement requirements. The Society's general policy is to fund pension costs accrued, which amounted to \$883,845 (including amortization of prior service cost) in 1968 and \$658,740 in 1967 as reflected in the accompanying statements of income.
- (6) At December 31, 1968, unpaid pledges to the Fund for Medical Progress, a joint fund raising campaign with Cornell University Medical College for capital and endowment needs of The New York Hospital-Cornell Medical Center (exclusive of direct pledges to Cornell) were approximately \$3,100,000. Such pledges have not been recorded in the accompanying financial statements.

The Society is the beneficiary of bequests and gifts under various wills and trusts, etc., the realizable amounts of which are not presently determinable.

# Highlights of the Year's Statistics

## Patient Care

PATIENTS ADMITTED	1968
Main Hospital	27,571
Newborn	4,806
Payne Whitney Psychiatric Clinic	358
The New York Hospital Westchester Division	421
	<u>33,156</u>
Patient Days, All Divisions	
Including Newborn	445,574
Visits to Out-Patient Clinics	253,810
Visits to Emergency Pavilion	33,104

## Services to Patients

LABORATORY EXAMINATIONS	1968
Bacteriology	116,791
Basal Metabolism	1,401
Blood Bank	108,869
Chemistry	448,595
Clinical Pathology	484,075
Cytology	34,307
Parasitology	8,471
Serology	26,898
Pediatric Endocrinology	2,121
Pediatric Hematology	26,504
Pediatric Ultra Micro-Chemistry	13,224
Radioisotope Services	5,505
Surgical Pathology	13,231
Miscellaneous	7,466
X-Ray Examinations	135,948
X-Ray Treatments	1,231
Operations	15,343
Deliveries	4,830
Electrocardiograms	34,344
Electroencephalograms	1,972
Social Service Interviews	76,409
Physical Therapy Treatments	19,455
Transfusions	13,981
Pharmacy Prescriptions	324,493
Record Room-New Case Records	38,925
Occupational Therapy Treatments	4,361
Recreational Therapy-Pediatrics	53,003

## Training Program

	1968
House Staff	197
Nursing Students Affiliated:	
Undergraduate Students	256
Practical Nurse — Students	32
X-Ray Technician Students	34
Dental Hygienist Students	13
Dietetic Interns	19
Physical Therapist Students	23
Medical Social Work Students	4
TOTAL	<u>578</u>
Payne Whitney Psychiatric Clinic	
House Staff	25
Westchester Division	
House Staff	23
Nursing Students	
Affiliated Undergraduates	167
	<u>793</u>

## Distribution of Beds

	NUMBER OF BEDS — 1968	
PAVILION (WARD)		
Medicine	139	
Surgery	123	
Urology	26	
Accident & Emergency	8	
Obstetrics & Gynecology	90	
Pediatrics	97	483
Bassinets		48
Total Pavilion (Ward)		<u>531</u>
PRIVATE		
Main Hospital	116	
Obstetrics & Gynecology	26	
Pediatrics	5	147
Bassinets		16
Total Private		<u>163</u>
SEMI-PRIVATE		
Two Bed Baker	63	
Medical & Surgical	176	
Urology	25	
Obstetrics & Gynecology	47	
Pediatrics	19	330
Bassinets		13
Total Semi-Private		<u>343</u>
Payne Whitney Clinic		108
Total New York City		<u>1,145</u>
The New York Hospital Westchester Division		350
Grand Total		<u>1,495</u>

## *Donors* To the Society of the New York Hospital / 1850-1968

---

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 Mother of Melissa, 1961  
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 Sarah and Elizabeth Wooley  
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 The Bessie Wright Memorial Fund  
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## *Legacies* TO THE SOCIETY OF THE NEW YORK HOSPITAL / 1968

---

Estate of Margaret Coe Blake  
 Estate of Kathleen A. L. Coleby  
 Estate of Natalie Danilchenko  
 Estate of Frederick A. Dewey  
 Estate of Louis P. Eckhard  
 Estate of Sarah Geller  
 Estate of Bertha S. Hertz

Estate of Mary Minot Macy  
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 Estate of Sarah LaTourette Prosser  
 Estate of Paul Morton Ripley

Estate of Martin Saxe  
 Estate of Grace A. Sedgwick  
 Estate of Marion Tucciarone  
 Estate of Charles P. Wood  
 Estate of Philip G. Woodward  
 Estate of Stephen Zynio

## *Endowed Beds* OF THE SOCIETY OF THE NEW YORK HOSPITAL / 1886-1968

---

1886 Robert Livingston Gerry  
 1901 Anna Peabody Wainwright  
     In memory of John Tillotson Wainwright  
 1902 Margaret J. Plant  
     In memory of her brother, Simon Loughman  
 1903 Nathaniel Whitman  
 1904 Howard Willets  
     In memory of his son, Jack Willets  
 1904 Harriette M. Arnold, St. George Bed, Hicks Arnold  
 1905 Maria L. Campbell  
     In memory of Duncan Pearsall Campbell  
     Governor, 1818-1827  
 1906 Mr. and Mrs. Henry F. Shoemaker  
     In memory of their son, William Brock Shoemaker  
 1907 Catherine L. R. Catlin  
     In memory of her brother, N. W. Stuyvesant Catlin  
 1908 Kate Fearing Welman  
     In memory of her father, Charles Edward Strong  
 1909 Fanny A. Haven  
     In memory of her husband, George Griswold Haven  
 1909 Joel S. Mason  
     In memory of his parents,  
     Joel Whitney Mason and Mary Elizabeth Mason  
 1909 Elizabeth M. Bliss  
 1910 Elizabeth Fisher King  
     In memory of her husband, Edward King,  
     who died in 1908  
 1912 Ella R. DeWitt  
     In memory of her husband, George Gosman DeWitt  
 1912 Catherine E. Daly  
 1913 Harrison E. Gawtry  
     In memory of his wife, Louise Brown Gawtry  
 1914 Frank Hartley  
 1915 Annie L. Morris  
     In memory of her husband, Fordham Morris,  
     who died in 1909

1916 Benjamin Robert Winthrop  
     In memory of his father, Benjamin Robert Winthrop  
 1919 Webb Institute of Naval Architecture  
 1920 Adelaide Foltz Chapman  
     In memory of her father, William Stewart Foltz  
 1922 Ellen C. Harris  
     In memory of George W. Harris  
 1922 Adelina M. Cramer  
     In memory of her brother, J. William Husemeyer  
 1922 Augusta I. Scott  
 1922 Mary A. FitzGerald  
 1922 Minetta C. Howenstine, The Howenstine Beds  
 1923 Marion Cutting  
 1923 Mary A. FitzGerald  
 1924 Lena Cadwalader Evans  
     In memory of her grandfather, Israel Corse,  
     a former governor of this Hospital,  
     and his daughter, Lena Burr Corse Evans  
 1924 William G. DeWitt  
     In memory of his brother, Theodore DeWitt  
 1925 William P. Wainwright  
     In memory of his father, William P. Wainwright  
 1925 William P. Wainwright  
     In memory of his mother, Cornelia R. Wainwright  
 1925 Mr. and Mrs. Gilbert Edward Jones  
     In loving and thankful memory  
     of Elizabeth Ingersoll Haven  
 1926 Kate Bainbridge Murray  
     In memory of her brother, Thomas E. Deeley  
 1927 Theresa R. Irving  
     In memory of her parents, John Brodhead Beck, M.D.  
     and Anne Sands Tucker Beck  
 1927 Theresa R. Irving  
     In memory of her husband, Cortlandt Irving,  
     her brother, Fanning Cobham Tucker Beck,  
     and her sister, Annie M. Tucker Beck

# ENDOWED BEDS / 1886-1968

- 1927 Emily Stewart Waller  
In memory of her father, John Aikman Stewart
- 1927 Charles H. Wainwright  
In memory of his brother, William P. Wainwright
- 1927 Alfonso DeNavarro
- 1928 Mr. and Mrs. Howland Pell  
In memory of their son, Howland Gallatin Pell
- 1928 Almy Gallatin Pell  
In memory of her father and mother,  
Frederic and Almy G. Gallatin
- 1928 Mr. and Mrs. Edward Lathrop Ballard
- 1928 Mrs. Henry James  
In memory of her cousin, McEvers Bayard Brown
- 1929 Arthur H. Herschel  
In memory of his mother, Grace Darling Herschel
- 1929 Peter F. Meyer and Lizzie O. Meyer
- 1930 Mary L. Walker Peters,  
The Charles Grenville Peters Bed
- 1933 William James Boucher  
In memory of his father and mother,  
John and Lydia Lawrence Boucher
- 1934 Jean Brown Jennings  
In memory of her husband, Walter Jennings
- 1934 Oliver Burr Jennings, Jeanette Jennings Taylor,  
Constance Jennings Ely  
In memory of their father, Walter Jennings
- 1934 Mary Isabella Meek
- 1936 Mrs. Thomas Williams, Thomas R. Williams,  
Mrs. Dorcas W. Ferris, Mrs. Edith S. Blydenburg,  
In memory of Thomas Williams
- 1939 Katherine Grace Snyder
- 1939 Arthur H. Herschel  
In memory of his wife, Sarah Frances Herschel
- 1939 Veronica Brown Brophy  
In memory of her father, George B. Brown,  
a builder of this Hospital
- 1939 Edith Haggin DeLong  
In loving memory of her son,  
James Ben Ali Haggin Lounsbury
- 1940 Edith Lounsbury Worden  
In loving memory of her mother,  
Edith Haggin DeLong
- 1940 John A. Stewart
- 1940 Mary T. Sheldon
- 1941 Patients and friends  
In memory of William R. Williams, M.D.,  
Attending Physician, 1912-1932
- 1942 Ballard Memorial Bed
- 1943 The Pleasant Valley Mills Bed
- 1943 Josiah Locke Webster
- 1943 Robert Winthrop
- 1944 Anonymous, The Cayuga Bed
- 1944 Howard Gould and Margarete M. Gould
- 1945 Augusta dePeyster  
In memory of her sister, Frances dePeyster
- 1945 Julia Noyes deForest  
In memory of her husband, Henry W. deForest
- 1945 Julia Noyes deForest  
In memory of her sons, Henry W. deForest  
and Charles Noyes deForest
- 1947 Mrs. Leland Eggleston Cofer  
In loving memory of Lucy Chauncey
- 1948 Martha B. and William Fraser
- 1948 Rosetta F. Sachs  
In memory of Max Kaskel
- 1949 William Kirk Memorial Bed
- 1949 Macy Mutual Aid Association
- 1949 Louise M. Griffin  
In memory of her mother  
Pauline Pryibil Hoffmann
- 1950 The Edward L. Cussler Memorial Bed
- 1950 G. Beekman Hoppin Memorial Bed
- 1951 The Dillon Fund
- 1953 Max Rice
- 1954 John Jay, 1875-1928, Memorial Bed
- 1955 The Marc Eidlitz Bed
- 1955 Col. John C. C. Thornton Family
- 1956 Mary E. Cuming, in loving memory  
of father, mother, brothers and sisters
- 1956 Dessie Greer
- 1956 Eugenie M. L. Garchery
- 1956 The Pleasant Valley Mills Bed, II
- 1957 Mathilde S. Sterne  
In memory of Simon Sterne
- 1957 Marie Stewart  
In memory of Virginia Stewart
- 1958 Marjorie Hard
- 1958 In memory of Henry Nathan, 1852-1922  
Dedicated by his son, Garfield Arthur Nathan
- 1958 In memory of Tillie Burgauer Nathan, 1862-1933  
Dedicated by her son, Garfield Arthur Nathan
- 1958 The Katherine Grace Snyder Bed
- 1959 In loving memory of Ivan Henning Wichfeld
- 1961 Alice McIntire Fay Memorial Bed
- 1963 Mr. and Mrs. Edgar Seldon Bloom  
In memory of Mrs. Bloom's parents,  
James Boyle Wallace and  
Fannie McKeon Wallace
- 1963 Cedric Aylwin Major
- 1965 Henry Lewis Phillips and  
Gertrude Abbot Phillips Fund
- 1966 The Estate of Cornelius Von E. Mitchell  
In loving memory of Henry Spingler  
In loving memory of Mary S. Van Beuren  
In loving memory of Mary E. D. Mitchell  
In loving memory of John W. A. Davis
- 1968 Louis P. Eckhard Trust

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*Pediatrics*

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\*\*Dec. 6/1/68

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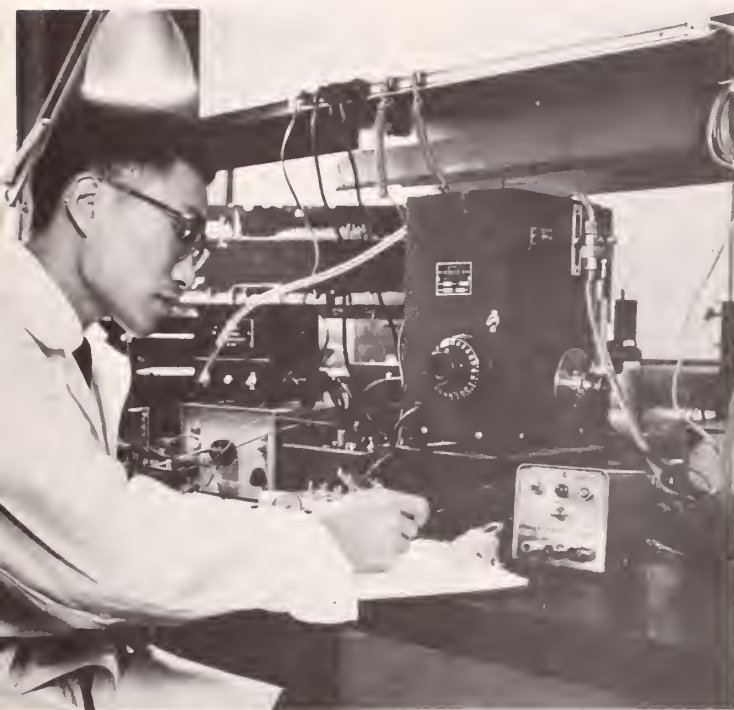
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George Jaspin, M.D.  
Zuheir Mujahed, M.D.  
Nathan Poker, M.D.  
D. Gordon Potts, M.D.  
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#### **ATTENDING RADIATION PHYSICIST**

Elizabeth Focht, Ph.D.

#### **ASSISTANT ATTENDING RADIATION PHYSICIST**

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## *Surgery*

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## Dental and Oral Surgery

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## Graduate Staff

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## Neurosurgery

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## Ophthalmology

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### SURGEONS TO OUTPATIENTS

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### SURGEONS

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### SURGEON

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*Obstetrics and Gynecology*

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Julia M. Dennehy  
*Private Patients*

Laura L. Simms  
*Surgery*

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*Day*

Mrs. Dje Ing  
*Day, Evening, Night*

Jean Pardey  
*Evening*

Isabel Cameron  
*Evening, Night*

Elizabeth M. Simmons  
*Night*

DIRECTOR OF PSYCHIATRIC  
NURSING SERVICE  
PAYNE WHITNEY  
PSYCHIATRIC CLINIC  
Eleanor Frany



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## *A Gift to The New York Hospital...*

... gives aid to the ill and distressed, supports programs which educate doctors for the future, and makes possible research to stamp out disease, helping people here today and generations yet unborn.

### **Legacies and Bequests...**

... have greatly aided the Hospital in its work of caring for the sick and advancing the frontiers of medical knowledge. A suggestion as to the proper wording for making such a bequest will be gladly sent upon application to the Secretary's office.

### **Endowed Beds...**

... which may be established by a donation of \$25,000 to the Society, form a meaningful memorial which lasts through future generations. A description of the permanent recognition given for such a gift will be sent upon request to the Secretary's office.

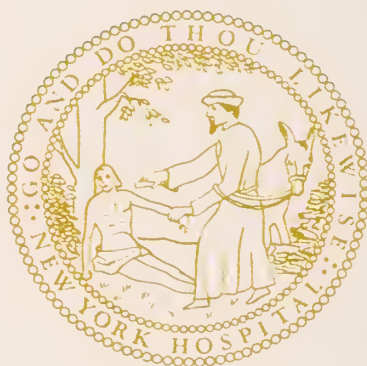
### **Memorial Gifts...**

... are welcome in every department of the Hospital and may reflect the donor's particular area of interest and the amount he desires to give. Large donations may initiate a new scientific project or supply greatly needed items of equipment. The Secretary's office will supply details regarding the creation of such a memorial.

### **Donors...**

... of sums of ten thousand dollars or over to the general funds of The Society of the New York Hospital are memorialized in the lobby of the Hospital and in its annual reports in perpetuity.

Donors of sums in any amount are extended the sincere appreciation and deep gratitude of the officers of the Society on behalf of the thousands of people whom the Hospital serves.



THE SOCIETY OF THE NEW YORK HOSPITAL



# *Annual Report '69*

THE SOCIETY OF THE NEW YORK HOSPITAL

## The Society of the New York Hospital

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Dale R. Corson	Francis Kernan	John Hay Whitney	<i>Ex-officio</i>

Standing Committees: See listing in contents, facing page.



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The Annual Report of The Society of the New York Hospital endeavors to present to the public a picture of the Hospital's activities during the year 1969, with particular emphasis on total patient care.

## Report of the President

KENNETH H. HANNAN

During the past year, the many problems with which the Hospital is confronted in maintaining its excellent standards of patient care approached the crisis level. Foremost among these, of course, is the matter of financing the cost of this care. Over the years immediately preceding 1969 it became apparent that if the Hospital was to continue to attract the most competent staff at all levels, we would have to remain in the forefront of the movement to adjust compensation to the levels of other service industries. Consequently, the Board of Governors, encouraged by the interest of the federal, state and local governments in enacting Medicare and Medicaid assistance to indigent patients under 21 years of age and over 65, began moving the salaries and wages of the entire staff to rates more comparable with the compensation paid to other professions and jobs in the community.

As a result of this and other factors, the cost of hospital care has risen dramatically. I would like to emphasize that in medicine today—as in every other industry—people are the most expensive factor in total costs. Two-thirds of the hospital budget now goes to the salaries and benefits of employees. And almost all the rise in hospital costs is directly attributable to the demand of these employees that they not be personally forced to subsidize the health business by accepting wages that are not commensurate with similar jobs in other industries.

While critics of the rapid increase in hospital costs accept the necessity of such increased compensation, they assert that it can be offset in large measure by an increase in the efficiency of hospital procedures. Therefore, it may be useful to take a look at the elements of hospital costs. These costs have been increasing at the rate of 15% a year for the past 5 years, reaching a level of about

\$127 a day for a semi-private room in 1970. Many patients look on a hospital as a sort of hotel. In a hotel, \$30 a day will pay for a very fine room—and so why does the hospital have to have so much more—particularly when it doesn't even cover the doctor's bill?

There are many ways to break down the \$127 charge—as many ways as there are accountants—but I think the following is a fair division of costs:

Per day room charge	<u>\$127</u>
Utilities, housekeeping, maintenance plus business offices (hotel expense)	\$ 18
Food and special diets	\$ 9
Nursing	\$ 35
Labs, records, housestaff, X-rays and pharmacy	\$ 65

Obviously, a hospital is not a hotel. Its hotel costs for room and food are quite reasonable especially when one considers that, as a restaurant the hospital must provide an extraordinary range of services, including some 100 special diets.

The true hospital costs—the expenses incurred in a hospital but not in a hotel—are obviously very high and the question really is whether these charges are reducible.

The New York Hospital is a teaching hospital that for the most part treats people who are afflicted with very serious illnesses. The sharp rise in non-hotel charges reflects the increased technological capacity of the Hospital.

What is meant by “technological capacity”? The proliferation of tests and techniques in the past 30 years is enormous. For more advances have occurred in medicine in the last 100 years than in the previous two thousand. There is no mystery why this should be so. The number of research scientists alive today outnumber all of the

research scientists who ever lived. Consequently most of the discoveries in history are being made today. The consequences of this vast outpouring of information and technology have yet to be grasped. In the meantime, an acute-care hospital must avail itself of this gigantic web of technological advances that make diagnostic techniques and treatment today so radically different from what they were only thirty years ago.

The maintenance of this new technological capability costs money—and to a large extent, in medicine as in education, law enforcement, sanitation, and a variety of other services, you get what you pay for. A high-quality, acute-care facility such as The New York Hospital has four employees (most of them non-physicians) for every patient. If these employees are to be paid wages comparable to other professions and service industries, then patient care will be expensive. If the Hospital, as it must, continues to purchase technological hardware, maintain it, and keep it up to date, this will increase costs also.

As I pointed out earlier, we were encouraged to increase the compensation of an underpaid house staff, nurses, interns, and hourly employees by the government medical programs. No sooner had this been done, than in 1969 the government at all levels withdrew a large measure of this support—in an effort to cut back on their own rapidly mounting costs. In one way or another the Hospital so far has been able to cover the deficit. However, we must appeal to those friends of the Hospital who recognize the need for maintaining the highest standards of patient care for increased support in the years ahead.

Our planning for the future indicates that much of our facilities are and will become obsolete. Replacement will require substantial government support as well as private philanthropy. It is to



*The Nursing Station in the Vincent Astor Diagnostic Clinic.*



*The Telephone Room at The New York Hospital handles an average of 30,000 calls per day.*



*Patients keep appointments in the Ear, Nose and Throat Clinic, one of the 90 clinics serving the Hospital's ambulatory patients.*

be hoped that thoughtful patients who are exposed to the Hospital will give the most sympathetic consideration to the inclusion of the Hospital in their philanthropic programs. It has always seemed to me an odd circumstance that many patients feel an overwhelming sense of gratitude during their residence in the Hospital—but, having once returned to a healthful state, their charitable interests turn to the arts or other projects in which they can play a more active role.

If the foregoing would seem to indicate that your Board of Governors considers the current status of patient care in our Hospital to be in jeopardy, I hasten to say that nothing could be further from the fact. I have recited this sad state of affairs only in an attempt to make the community understand something of our problems.

The New York Hospital is one of the great teaching hospitals in the world and—one way or another—we will provide the means to keep it so in the years ahead—just as our predecessors have done for the past two hundred years.

A highlight of the year was an affiliation agreement signed by representatives of North Shore Hospital, The Society of the New York Hospital, Cornell University and Memorial Hospital for Cancer and Allied Diseases on September 18. The North Shore Hospital, which has 310 beds, was founded 16 years ago and serves a population of over five million people in Queens, Nassau and Suffolk Counties. The affiliation will strengthen patient care and teaching programs both at North Shore and this Medical Center.

Other events were the opening of the Paul Felix Warburg Cardiac Care Unit on April 8 and the Children's Urological Pavilion on November 7. These are important additions to the Hospital's capability for providing intensified care in two areas of acute illness. A project for initiating The Arnold R. Krakower Hematology Laboratory at The New York Hospital-Cornell Medical Center was launched with the receipt of a gift of \$25,000 from The Arnold R. Krakower Hematology Foundation, Inc. The Laboratory will be concerned with the treatment of blood diseases and research into alleviation of these disorders.

I wish to express my appreciation to my fellow officers and the members of the Board of Governors who gave their energy and wisdom to the affairs of the Society and the Hospital during the past year. We enjoyed the unfailing cooperation of our administrative and professional staff. Our thanks also go to the many organizations and individuals who shared their time and financial resources with us so that others should have a better chance at life and health.

## *Report of the President of the Medical Center*

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E. HUGH LUCKEY, M.D.

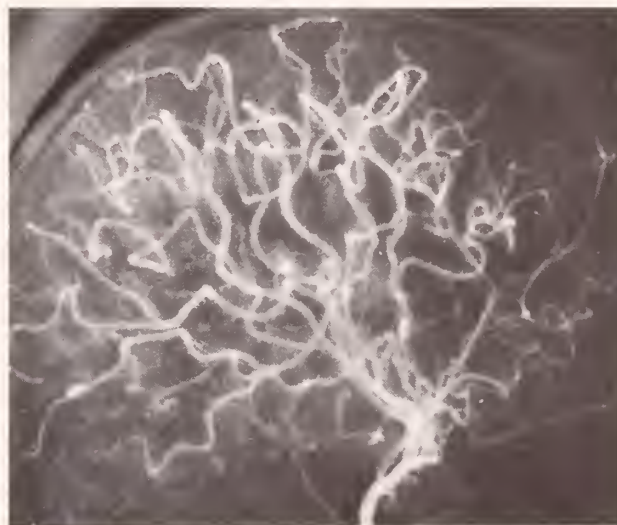
The New York Hospital and its associated institutions making up The New York Hospital-Cornell Medical Center have together provided more than five hundred years of community service. Since its first patients were admitted in 1776, The New York Hospital has cared for nearly five million patients.

Other units of the Center, although spanning a shorter period of time, have made contributions of significant proportions. On June 3, 1969, Cornell University Medical College granted M.D. degrees to seventy-six men and six women, making a total of 4,613 doctors graduated from the institution since its founding in 1898. The Cornell University-New York Hospital School of Nursing, founded in 1878, reached a grand total of 3,282 graduates when it presented diplomas to 75 nurses.

During 1969, Dr. John E. Deitrick retired as Dean of Cornell University Medical College and Dr. J. Robert Buchanan was appointed to succeed him. Dr. Deitrick's distinguished career embraced not only his 12 years of service to the College as Dean but also professional leadership on the national level. He has served as president of the American Association of Medical Colleges and in many other public capacities.

Dr. J. Robert Buchanan was a graduate of the Medical College in 1954 and served his residency at The New York Hospital. His posts have included Associate Professor of Medicine at the College and Associate Attending Physician at The New York Hospital, among others, and for four years he was Associate Dean for Administration. Dr. Buchanan brings high standards of academic excellence as well as proved administrative ability to his new position.

Another constituent part of the Center is the Cornell University Graduate School of Medical



*Neuro-radiology: Blood vessels of the brain are shown in an angiogram done by the new technique called subtraction, which avoids the shadows cast by bony areas of the skull. The curve to the right in the main artery indicates a brain tumor.*

Sciences. In recognition of its growing importance, the University created in 1969 the new positions of Dean and Associate Dean, naming Dr. Thomas H. Meikle, Jr., and Dr. Julian R. Rachele respectively to these posts. Both of these able men have had long association with Cornell institutions.

The activities of the Center are coordinated through the Joint Administrative Board. During the past year the Board concerned itself not only with day-to-day operations but also long range planning for the future. Never has such planning been more vital.

We approach our third century of service during an era of turbulence on the health care scene. The old ways in which we sought to meet health care goals are being challenged, and the goals themselves are being reevaluated. Many speak of the "dilemma" of health care, or describe the

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health care system as being "in crisis". Reassessment is the order of the day.

The last fifty years were characterized as the Golden Era of Medicine, and it is true that they produced solid accomplishments. However, yesterday's accomplishments fall short of today's demands. We have large gaps in our knowledge of man's ills and how to treat them. Further, the knowledge which we have is not applied evenly or to the best advantage. There are also large gaps in our system of delivery of health care. Measures to fill these gaps, such as dramatically increasing the numbers of health personnel, may require decades for implementation.

Mere discussion will not solve these problems. To repair the defects in our health care system will require the intensive and coordinated efforts of all segments of our society. Today, more than ever before, the health care institutions of our country must be deeply responsive to public policy. We all are increasingly dependent upon public funds to find new ways of preventing and treating disease and to deliver health care to all who need it. Now, when such funds are urgently needed, they are sharply curtailed. Lack of coordination in the administration of those funds which are available makes for waste and distortion. No society can long afford, much less rationalize, this combination of circumstances.

Because of the current health care depression, the operation of the Medical Center is daily beset by critical problems calling for immediate attention and resolution. We must not permit such pressures to distract us from an equally important responsibility, long range planning for the future.

In spite of the difficulties and uncertainties of the present, we can find reassurance in the lessons of the past, when equally insoluble problems were



*There were 34,391 visits to the Emergency Unit during 1969.*

solved and equally insuperable obstacles were overcome. Any institution with two hundred years of service should view the future with confidence and the expectation that needs will be met and goals will be achieved in the years that lie ahead. The New York Hospital-Cornell Medical Center is committed to playing its part to see that this occurs.

## Report of the President of the Medical Board

DAVID D. THOMPSON, M.D.

In these days of increasing specialization of medical skills, it becomes ever more important to coordinate the various facets of patient care. The care of the patient must be viewed in total perspective, and broad policies must be established to promote this coordinated care in every area of the Hospital. This is the function of the Medical Board, which operates through recommendations to the Board of Governors.

Appointed by The Society of the New York Hospital, the Medical Board advises the Board of Governors on all professional matters. Its membership is a true cross section of the institution, including the Chiefs of Staff of all services, as well as the Director of the Hospital, the President of The New York Hospital-Cornell Medical Center and the Directors of the Ambulatory Service and The New York Hospital-Cornell Medical Center, Westchester Division. Many others attend by invitation, among them the Director of Nursing Service, the Dean of the Medical College, the Associate Directors for Professional Services of the Hospital, the Chairman of the Committee on Community Medicine, and representatives of the Memorial Hospital, the Hospital for Special Surgery, Manhattan Eye, Ear and Throat Hospital and the North Shore Hospital.

Like other representative bodies, the Medical Board does most of its work through committees, of which there are more than twenty. The members are appointed from the various Departments by the President of the Medical Board. Their actions cut across departmental lines to enforce quality standards throughout the Hospital. The importance of their work is indicated by the following examples:

*The Utilization Review Committee*, with 16 members, analyzes records from the point of view of



*A test (electronystagmography) is administered to a patient in an effort to alleviate vertigo. The scene is the Neuro-otological and Vestibular Testing Laboratory of the Department of Otorhinolaryngology (ear, nose and throat).*

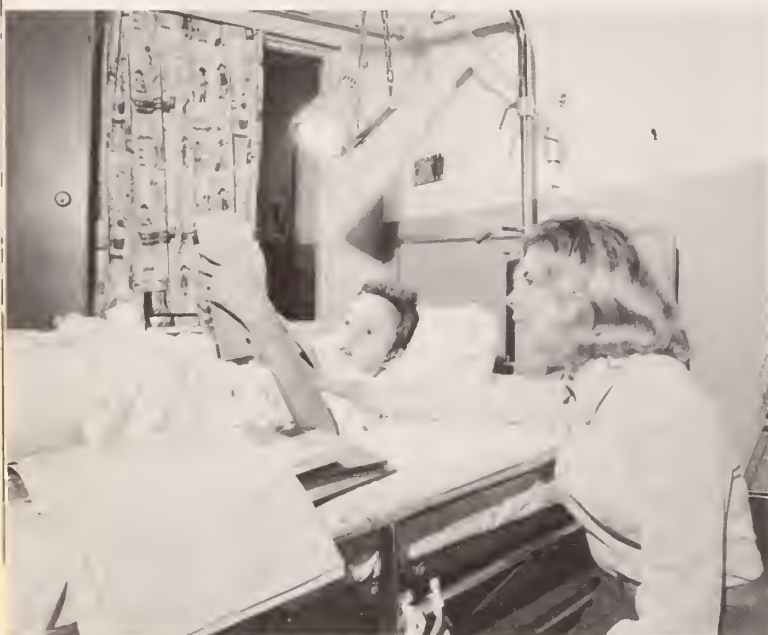
efficient use of Hospital beds. The goal is to ensure that no patient occupies a bed unnecessarily, thereby depriving someone else in need of it. In these days when patients must frequently wait for admission to the Hospital, the work of this committee is of great importance.

*The Tissue Committee* checks results in all operations in which tissue is removed. The results of these tests act as a confirmation of diagnosis.

*The Records and Accreditation Committee* ensures the maintenance of adequate hospital records of patient treatment, as well as enforcing other standards required for accreditation of the Hospital. The patient's daily medical record must carry notations as to all medication and other treatment received, observations of nursing staff, comments by any specialists called into consultation, and progress reports indicating the patient's response to treatment. It is upon the basis of these

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*Child patients who are hospitalized for longer than 10 days may keep up with their studies through the in-school program. The teacher conducts a class at bedside.*



records that a physician's handling of a case is judged by his peers. Proper medical records, which lay bare the course of treatment to the scrutiny of qualified observers, are a vital protection to the patient.

*The Committee on Infections* is charged with the responsibility of maintaining germ-free standards in the Hospital. It acts as a control for existing regulations and actively seeks new ways to expand this protection for patients.

*The Formulary Committee* investigates and evaluates all drugs proposed for use in the institution. Among the other committees are those dealing with matters relating to ambulatory services, operating rooms, laboratories, nutrition, research and interdepartmental relations.

An important area in which the Medical Board assists the Governors is in recommending appointments, promotions and terminations on the professional staff. Actions in these matters are proposed by the appropriate Department Chief, evaluated by the Committee on Credentials and acted upon by the full Medical Board before they are recommended to the Board of Governors for approval. The high quality of the professional staff is a tribute to the care and attention which the Medical Board has devoted to this function.

An unusual number of new appointments to the professional staff took place in 1969, particularly in the fields of ophthalmology (treatment of eye disease) and otorhinolaryngology (treatment of the ear, nose and throat). These were occasioned by the affiliation in 1968 of the Manhattan Eye, Ear and Throat Hospital with The New York Hospital-Cornell Medical Center.

The following consultants were appointed: Dr. John E. Deitrick, Medicine; Dr. Richard H. Frey-



*A doctor checks the fit and efficiency of contact lenses being worn by a patient following an eye operation.*



*In the Paul Felix Warburg Cardiac Care Unit. While the nurse attends a patient, the monitoring equipment provides a printed record of the patient's electrocardiogram for the doctor's study.*

berg, Medicine; Dr. Arthur V. Greeley, Obstetrics & Gynecology; and Dr. Oscar Glassman, Obstetrics & Gynecology. Dr. Deitrick joins the consulting staff after a brilliant career as both doctor and teacher, most recently as dean of Cornell University Medical College.

The Hospital suffered a severe loss in the sudden death, on August 25, 1969, of Dr. Herbert Conway, Surgeon-in-Charge of Plastic Surgery. Dr. Conway was a recognized world leader in his field. The post of Acting Surgeon-in-Charge of Plastic Surgery was filled by the appointment of Dr. Dieran Goulian, Jr.

The following were appointed Attending Anesthesiologists: Dr. Irving Berlin; Dr. Seamus Lynch; Dr. Cyril Sanger; and Dr. Gerald L. Wolf.

In the Department of Medicine, Dr. Benjamin Alexander was appointed Attending Physician, while the following became Associate Attending Physicians: Dr. Hartwig Cleve; Dr. Eugene L. Gottfried; Dr. Richard B. Roberts; and Dr. Gregory William Siskind.

The following became Attending Ophthalmologists: Dr. Alan H. Barnert; Dr. John Born; Dr. Frank H. Constantine; Dr. Brian Joseph Hayes Curtin; Dr. Edward P. Danforth; Dr. Benjamin

Esterman; Dr. Frederic H. Deutsch; Dr. Eleanor E. Faye; Dr. Jacob Goldsmith; Dr. George Gorin; Dr. Raymond Harrison; Dr. Herbert Maurice Katzin; Dr. Charles D. Kelman; Dr. Jack V. Lisman; Dr. Edward Peter Perley; Dr. Adolph Posner; Dr. James Edgar Purnell; Dr. William F. Regan, Jr.; Dr. Walter S. Schachat; Dr. Abraham Schlossman; Dr. Sigmund Schutz; Dr. Byron Capleese Smith; Dr. R. David Sudarsky; Dr. Frederick Harold Theodore; Dr. William G. Toll; and Dr. Arnold I. Turtz.

The following Associate Attending Ophthalmologists were appointed: Dr. Nathaniel R. Bronson II; Dr. Daniel Burman; Dr. Daniel W. Doctor; Dr. Carl V. Fasano; Dr. Frederick J. Gerstel; Dr. Marvin A. Gillman; Dr. Herbert L. Gould; Dr. David B. Karlin; Dr. Raphael M. Klappler; Dr. Jules Landowski; Dr. Edward L. Liva; Dr. Joseph E. Magaro; Dr. Julius Schneider; and Dr. Francis T. Thomas.

In the field of Otorhinolaryngology, the following Attending Otorhinolaryngologists were named to the staff: Dr. Richard J. Belluci; Dr. Michael R. Bryce; Dr. Lester L. Coleman; Dr. William J. Folette; Dr. S. Evans Ganz; Dr. Edward A. Meyers; Dr. Nicholas P. Milanese; Dr. William F.

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Robbett; Dr. Alan A. Scheer; and Dr. I. M. Schnee.

The Associate Attending Otorhinolaryngologists who were appointed included Dr. Francis C. Edmonds; Dr. Morton Gutkin; Dr. Milton Ingerman; Dr. Vincent J. Panettiere; Dr. John Rongetti; Dr. Jerome Rosenthal; Dr. Harry D. Tawfik; and Dr. Lester Wolff.

Dr. Judah Zizmor was made Attending Radiologist and Dr. John S. Laughlin was appointed Attending Physicist in Radiology. Dr. James L. Curtis was made Associate Attending Psychiatrist; he was also made Assistant Dean of Cornell University Medical College.

*Promotions:* Five doctors were promoted to the post of Attending Physician. They were Dr. E. Lovell Becker; Dr. Farrington Daniels, Jr.; Dr. Ralph L. Engle, Jr.; Dr. William H. Kammerer; and Dr. Sidney Rothbard. The following were promoted to be Associate Attending Physicians: Dr. Lloyd T. Barnes; Dr. Edward Burkhardt; Dr. Keith Guthrie; Dr. Jack Richard; Dr. Edgar Riley; and Dr. Aaron O. Wells.

Dr. Thomas Guthrie became an Associate Attending Neurologist. Dr. Thomas F. Dillon was made an Attending Obstetrician and Gynecologist, while Dr. Walter L. Freedman and Dr. Robert E. Wicche became Associate Attending Obstetricians and Gynecologists.

In Ophthalmology, Dr. Elizabeth F. Constantine, Dr. Dan M. Gordon, Dr. Alfred E. Mamelok and Dr. Richard C. Troutman were made Attending Ophthalmologists. Those promoted to the position of Associate Attending Ophthalmologist were Dr. Stuart I. Brown; Dr. Jerry H. Jacobson; Dr. Harvey A. Lincoff; Dr. Walter L. Peretz; and Dr. Richard Raskind.

Dr. Suzanne Howe, Dr. Mary H. Markham

and Dr. John F. Struve became Associate Attending Otorhinolaryngologists. Dr. Aaron A. Levin was promoted to be Associate Attending Pediatrician. Dr. Paul R. McHugh became an Attending Psychiatrist and Dr. Ludwig G. Laufer and Dr. Alfred B. Lewis became Associate Attending Psychiatrists. Dr. Bernard Fisher became Associate Attending Psychologist in Psychiatry and Dr. Gerard P. Smith was named Associate Attending Physiologist in Psychiatry.

Three were promoted to the post of Attending Surgeon. They were Dr. Rolla D. Campbell, Orthopedics; Dr. Alexander Hersh, Orthopedics; and Dr. Albert Rubin, General Surgery. The following were made Associate Attending Surgeons: Dr. Edward C. Muecke, Urology; Dr. Ivin B. Prince, Dentistry; and Dr. Kurt H. Stenzel, General Surgery.

*Terminations:* The following appointments were terminated: Dr. Charles E. Farr, Consultant in Surgery; Dr. Edward Hook, Attending Physician; Dr. George W. Frimpter, Dr. Graham H. Jeffries, Dr. Donald Kaye, Dr. Paul D. Saville and Dr. Norton Spritz, Associate Attending Physicians; Dr. Barbara J. Betz, Associate Attending Psychiatrist; Dr. James T. Kelly, Associate Attending Dentist; and Dr. Robert S. McCully, Associate Attending Psychologist in Psychiatry.

*Deaths:* In addition to the loss of Dr. Herbert Conway, the Medical Board was saddened by the death of Dr. Carleton Montgomery Cornell, Assistant Attending Surgeon; Dr. Philip Duncan Wilson, Consultant in Surgery. Orthopedics; Dr. Richard R. C. McCormack, Associate Attending Physician; and Dr. Benjamin Spencer Park, Resident Surgeon. Dr. Park was killed while on military duty in Viet Nam.

## *New Horizons for Patient Care*

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Over generations, The New York Hospital has achieved recognition for the excellence of the care it provides its patients. It has also become known as the point of origin for many innovations which improve treatment and save lives formerly lost.

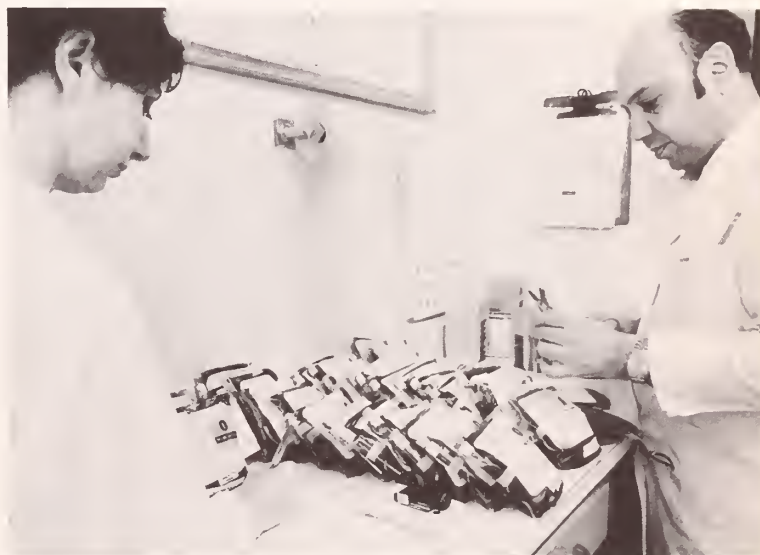
At intervals, this forward movement peaks in dramatic fashion and makes headlines. For the most part, however, it proceeds quietly, arousing only professional interest. In the final count it is this steady forward movement, diligently pursued in every area of the Hospital, which raises the level of patient care and forms the solid base of increased knowledge and skill which make spectacular achievements possible.

During 1969 all Departments of the Hospital coupled their excellent care of patients with advances in coping with sickness and disease.

### ***Varied Treatment Of Heart Disease***

Heart disease, in all of its ramifications, continued to be attacked upon a broad front. Heart surgery remained a primary tool; during the year there were 230 open heart operations and 210 heart operations not requiring the use of cardiopulmonary by-pass. Two new and more efficient prosthetic cardiac valves, developed in the Hospital, were for the first time used to aid patients whose natural valves had been destroyed by disease.

The opening of the Paul Felix Warburg Cardiac Care Unit on April 8, 1969, provided unparalleled facilities for the treatment of patients with cardiac disease, especially those with acute myocardial infarction (heart attack). The 15-bed unit is also equipped to care for patients with acute respiratory failure; two beds have special equipment for recording data important for research purposes. Adjacent to the unit are a car-



*Filling orders for transfusions in the Blood Bank. The number of transfusions and the number of tests performed rose to all-time highs during 1969.*

*A patient in the Kidney Transplant Clinic. Patients who have received kidney transplants come regularly for checkups.*





*Many toys and a cheerful atmosphere characterize the Children's Urological Pavilion, opened during 1969.*

diac metabolism laboratory and a blood gas laboratory for making necessary tests to aid the patients. The unit functions to provide round-the-clock intensive care to patients during the first few days following an attack, when their condition is most critical. As patients progress, they are moved to other beds in the Hospital. During the nine months of the unit's operation, 421 critically ill patients received intensive care in this new facility.

At least half the deaths caused by coronary heart disease occur suddenly with no preliminary warnings. The unravelling of this mystery continued to be a goal for Hospital physicians. A long-term program of investigation by the Division of Ecology of the Department of Medicine made significant findings in this field. By analyzing long-term electrocardiograms of active men, it was established that transient disturbances of cardiac rhythm and conduction, imperceptible to the person, are significant precursors of the sudden fatal attack. Evidence was also found that impairment of the heart rate response to exercise and other activities may also be an indicator of this risk in middle-aged and elderly men. These investigations are now being pursued on a broader scale.

#### ***Expanded Program Of Organ Transplants***

An area which captured the imagination of the public was the relatively new field of organ transplantation. Programs for previously established procedures were enlarged and improved upon in the Hospital and other procedures were performed for the first time.

Transplantations of corneas for the eye, giving new vision to those suffering from cataracts and other abnormalities, have been a well established mode of treatment for two decades. The number of such operations performed in the Hospital almost doubled in 1969, as compared to 1968.

Kidney transplantations, initiated in the Hospital in 1963, continued to make notable advances. Increased understanding of the rejection process and better ways of controlling it made feasible the use of kidneys donated to the program through the humane generosity of the families of people who had died. Thus many suffering patients, who had no living related donor to whom to turn, for the first time had access to this life-saving procedure.

A total of 54 kidney transplantations were carried out in 1969, more than double the number of the previous year.

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The kidney transplant regional network, for which The New York Hospital serves as operating center, continued to expand, with 30 hospitals of the region now taking part. In one instance, the precious organs were flown by helicopter from a New Jersey hospital, where they had been extracted, for implantation into two waiting patients at The New York Hospital. The program has been aided by the Hospital's development of a machine which keeps the organs alive for up to 30 hours, providing the necessary time for the transfer of organs from a distant hospital and careful tissue matching.

The many patients of The New York Hospital whom this procedure has rescued from invalidism and impending death bear witness to the merits of the program.

### ***Heart, Liver and Lung Transplants***

During 1969, the Hospital embarked upon procedures for the transplantation of other vital organs, the eventual perfection of which would produce a major revolution in life-saving techniques. Seven heart transplantations were performed, as well as one combined transplant of the heart and both lungs. Liver transplants were also performed in two patients. In one multiple procedure carried out on February 19, 1969, the generosity of one donor made possible a heart transplant, a liver transplant, the gift of new kidneys to two patients and the implantation of new cornea grafts into two other patients. In this instance the liver transplant was performed at Memorial Hospital; all the other procedures were carried out by The New York Hospital teams.

These new procedures are still in their infancy. Although to date the Hospital has achieved no great success in extending the life span of these

dying patients, there is the possibility of great future benefits for mankind.

The organ transplant programs are made possible by the close interworking of surgical and medical teams, including aid from immunologists and many other specialists. The importance of the relatively new field of immunology was signaled during the year by the creation in the Department of Medicine of a new section, the Division of Allergy and Immunology. In addition to allergy, the Division is treating and investigating the clinical management of organ rejection and also exploring the role of the autoimmune reaction in a variety of diseases.

### ***Test Treatment for Parkinsonism***

In the Department of Neurology, the treatment program employing the drug, L-Dopa, in the care of patients with Parkinson's Disease, was expanded. By the end of the year about 200 patients were under continuous treatment. The results in patients treated for over twelve months gave encouraging evidence that improvement gained by using the drug could be sustained over many months of time.

A striking aspect of the early results in this program is that it appears that the drug may halt or possibly even reverse some of the mental deterioration suffered by many victims of this illness. The program gained in significance as it became apparent that some of the knowledge gained may apply to other diseases which entail similar neurological defects.

Physicians of the Neurology Department continued to be active in the fields of cerebral vascular disease (stroke), headache and epilepsy. Among many programs was one of wide current interest, a search for the chemical bases of drug

*Doll Hospital in the Pediatrics Department helps child patients to become oriented to the hospital environment.*

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addiction. Identification of this process is a necessary prelude to establishing ways to modify, block or correct the abnormal chemical dependence by the brain which leads to the dependence of the addict.

During 1969 there were 616 admissions to the Neurological Pavilion and 3,124 admissions to the Out-Patient Department for neurological treatment. Over a thousand neurological consultations were provided to in-patients in the Hospital.

#### ***Open Children's Urological Pavilion***

Improved facilities for caring for children with serious urological problems became available with the dedication of the Children's Urological Pavilion on November 7, 1969. The Pavilion is located between the Urological Service and the Pediatrics Department and combines the resources of both areas for the optimum care of these child patients. The unit has 20 beds.

A large number of the patients treated in the unit suffer from congenital abnormalities which must be corrected by surgery. A vigorous program of research is being carried on into the cause of these difficulties as well as into improved methods of correcting them.

#### ***Increase in Clinical Testing***

Modern patient care relies increasingly on scientific laboratory tests both to diagnose illness and to monitor recovery. This is reflected in increased activities in the laboratories during the year just past.

Several of the more important laboratories are administered by the Department of Pathology. The Laboratory of Clinical Hematology had a 35 per cent increase in the number of tests performed



for patients. Partial automation of routine blood counts and platelet counts was achieved by the acquisition of new equipment. In the Laboratory of Microbiology, for the first time in history the number of specimens passed the 100,000 mark. In addition, the complexity of the studies grew noticeably; in many cases it was necessary to isolate and identify 4 or 5 microorganisms.

Both the Laboratory of Surgical Pathology and the Papanicolaou Cytology Laboratory had work loads approximately equal to that of 1968. The Parasitology Laboratory increased its effectiveness in examinations for ova by introduction of a new process known as the Kato thick-smear technique.

In every major category, blood transfusions, platelets, Cryoprecipitate, plasma, and lab procedures, the number of procedures performed by the Blood Bank exceeded those of any previous year in the history of the Hospital. This was due in large part to the increase in cardiac surgery, transplantation, extra-corporeal cardiac assist procedures and renal dialysis. The use of frozen blood increased greatly, particularly for patients with Cooley's anemia and those receiving kidney transplants, for whom it has been found to have distinct advantages.

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The Department of Pathology performed 613 postmortem examinations in 1969, amounting to 67.4 per cent. Extensive renovations of the autopsy and morgue areas were completed.

#### ***Service to Community Clinic***

In June 1969, The New York Hospital began aiding a clinic set up by a Queens community organization, the Queensbridge, Astoria, L. I. City, Community Action Program, known as QUALI-CAP. The Committee on Community Medicine of the Medical Board assisted in planning the program, which involves the active cooperation of the Department of Obstetrics and Gynecology and the Department of Pediatrics.

The focus of the program is maternal and child health. Prenatal health care is provided, with deliveries being performed at The New York Hospital. Family planning services are also offered. The infants born under the program are followed to the age of one year at the clinic; those who require X-rays, specialty clinic treatment or hospitalization are brought to the Hospital for care. The pediatric section of the program is gradually being expanded to include older children. By the end of the year the clinic had 68 registered patients.

The project reflects the Hospital's continuing interest in exploring new ways of delivering health care to people in their own community.

The Department of Obstetrics and Gynecology recorded a total of 4,556 deliveries during 1969. Wide programs of research are being conducted in such fields as reproductive biology and endocrinology in pregnancy. One line of research has involved the possibility of changing certain tumor cells from malignant to nonmalignant and back again; the project may provide important clues for cancer research.

#### ***The Problem of Diabetic Blindness***

The Department of Ophthalmology, established as an independent department in 1968, completed its first full year during 1969, treating 1,167 hospitalized patients and performing 1,146 eye operations. In addition, there were 13,632 visits to the department's out-patient clinics.

One of the major causes of blindness in the United States is diabetes. The department pushed a program which attacks the problem of the diabetic patients on two levels. The first is a procedure, called photocoagulation, which seems to slow the course of diabetic retinal destruction. The second is development of a surgical technique to aid the diabetic patient who has lost his sight. To date the operation has been performed on a few patients, with visual improvement for some of them. In view of the thousands of blind diabetics, the perfection of this technique would yield vast benefits.

A troubling problem in the field of eye health has been the fact that corneas injured by infected ulcers or chemical burns do not heal. The physicians discovered during their researches that the factor preventing the healing was an enzyme called collagenase, and they developed a substance which inhibited its destructive action. After testing in the laboratory, it was used successfully in the treatment of selected patients. The discovery has implications beyond the field of eye care, since there is reason to believe that the same enzyme plays a role in destructive changes in the joints of arthritic patients.

#### ***Counsel Parents of Deaf Children***

The Department of Otorhinolaryngology (treatment of the ear, nose and throat) completed its first full year as an independent department in 1969. The Speech and Hearing Center operated



*An eye operation to correct faulty alignment of the eyes (strabismus) is performed by surgeons of the Ophthalmology Department.*

by this department had a very active year, with 4,591 patient visits. In addition to treating adults, this unit continued a specialized program for children with speech and hearing problems, giving service to 281 patients in this category. The evening meetings with parents of these children were highly successful in promoting better understanding of the problems and techniques of treatment. Counselling was also provided to the pediatricians, neurologists and other specialists who treat children who are deaf or hard of hearing. The Division of Child Psychiatry continued to be very helpful in this work.

In addition to research into the diagnosis and treatment of aural disease, the department physicians also sought to improve ways of aiding patients suffering from vertigo. New laboratory equipment promoted advances in this field.

There were 1,192 hospital admissions to the

ear, nose and throat service and a total of 1,100 operations were performed. The Department's out-patient section had 14,920 patient visits, with 2,909 new patients.

#### ***Minute Structures Revealed by X-Ray***

The Department of Radiology extended its activities in new directions by developing a technique for examining the blood vessels of the brain, nerves and minute structure of the ear. Called tomography, it permits visualization of a structure lying in a predetermined plane of the body, while blurring out images in all other planes. The program has as one of its goals the identification of stoppages in small blood vessels in the brain, which would be most helpful in treating patients who have suffered strokes. A specially designed circular tomographic machine was built for this project.

In the field of pediatric radiology, a special unit was designed to X-ray the lungs of premature infants simultaneously in two planes. This made possible a new area of diagnosis and treatment.

The growing importance of modern X-ray techniques in the care of patients is indicated by the volume of work performed in the department. From 1959 until 1969, the number of X-ray examinations of all types increased by 48 per cent, while the quantity of film used increased by 80 per cent. The number of specialized procedures, making up 2½ per cent of the total, grew by 75 per cent from 1965 to the current year. The total X-ray examinations in 1969 were 152,646.

#### ***Anesthesiologists Expand Services***

During 1969, physicians of the Department of Anesthesiology were increasingly involved in the care of patients outside the operating room. This was particularly evident in the intensive care

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units where the special expertise of the anesthesiologists is of great value.

An area where anesthesiologists served a growing demand was that of inhalation therapy. Development of the Inhalation Therapy Service, administered by the department, was advanced during the year. A study was made of this type of care throughout the country to insure that the Hospital's patients benefit by the most advanced inhalation techniques.

During 1969 the department administered 19,874 anesthetics, of which 16,483 were general anesthetics and the remainder local ones.

#### ***Measure Lung Function In Tiny Infants***

The Department of Pediatrics cared for 2,279 hospitalized children during 1969 and a total of 31,070 visits were made to its out-patient clinics.

One program initiated during the year consisted in measuring the efficiency of lung function of all babies under three pounds birth weight. Because of the immaturity of lung development of these infants, all suffer some degree of respiratory distress. The new measurements made it possible to assess more accurately their need for assisted breathing and oxygen therapy, with improved chances for their survival and healthy development. A new policy was introduced into the premature nurseries, where formerly strict isolation had been the rule. Mothers were encouraged to visit their babies and to cuddle and feed their offspring. It is believed that this program will increase rapport between mother and child and help to dispel some of the mothers' worry about caring for such small infants.

The Transfusion Clinic, which gives regular transfusions to youngsters with blood diseases, began evaluation of the use of frozen red blood cells, as opposed to fresh whole blood. Some evi-

dence was accumulated that fewer adverse reactions resulted. The Clinic instituted evening transfusions for adolescent patients who are busy during the day at work or attending school.

In 1969 the Samuel Z. Levine Pavilion for clinical research was opened. The four-bed unit is equipped for treatment and investigation of rare diseases in infants and children under the age of four years. During the year 64 patients were admitted for treatment of metabolic problems, cardiac disease, anemia, growth retardation and various other conditions.

#### ***Unit System in Psychiatric Care***

The Department of Psychiatry introduced a new system of patient care in both the Payne Whitney Psychiatric Clinic and The New York Hospital-Cornell Medical Center Westchester Division in 1969. Called the unit system, it provides for the same team of specialists to care for an assigned group of patients throughout their stay. The various teams consist of two supervising psychiatrists, one senior resident, two junior residents, a social worker, an occupational therapy worker, a recreational therapy worker, a psychologist and psychiatric nurses. Individual therapy, group therapy and environmental manipulation are among the techniques employed. It is the consensus of the staff that the new system, by providing continuity and close patient contact, is enhancing the quality of patient care.

#### ***Reduce Average Stay at Payne Whitney Clinic***

The Payne Whitney Psychiatric Clinic admitted 375 patients during 1969, with the average length of stay declining to ten weeks. During the Clinic's first quarter century, the length of stay was six to eight months, with some patients remaining



*Computers such as this one are expected to play an important role in expediting hospital procedures.*

from one to four years. In the last decade the scope of treatment has broadened, reflecting the increased input of sociology and biology into the discipline of psychiatry. Patient care is characterized by more group work and an increase in all categories of consultation and out-patient treatment. Psychiatric social workers now assist on the in-patient service and senior psychologists are more often utilized. All of this bears fruit in more effective programs of treatment and research.

The recently established Suicide Prevention Clinic had 2,181 patient visits during 1969. At the close of the year, 60 patients with histories of recent suicide attempts were in active treatment. The approach for these patients relies heavily on the use of medications and crisis intervention therapy. A number of requests for consultation were received from other institutions seeking to establish a similar facility.

#### ***Establish New Services At Westchester Division***

An impressive number of new services were initiated at the Westchester Division of The New York Hospital-Cornell Medical Center during 1969. Among them were a Children's Psychiatric Out-Patient Department; a Children's Day Care Center; an in-patient highschool for adolescent patients, also attended by some White Plains students in need of help; an in-patient Alcoholic Unit of 22 patients; an Acute Neuropsychiatric Unit, providing detoxification and other emergency procedures; and a Behavioral Science Department, located at the Bourne Behavioral Laboratory on the Hospital grounds.

Research continued on the use of Lithium in treating manic-depressive disorders; alcohol addiction; neurophysiological studies in the Bourne Primate Laboratory; and studies in perception.

The Westchester Division treated 534 in-patients during 1969. The average length of hospital stay for patients was five and one half months, including such long-term patients as those suffering from chronic brain syndromes and those on the Geriatric Unit. There were 5,333 therapeutic sessions conducted by the Out-Patient Department. The Westchester Division was approved for a three-year graduate residency training program by the American Board of Psychiatry and Neurology.

This presentation has touched upon the highlights of what was new and changed in the Hospital during the year just passed. What was old and unchanged was the Hospital's unswerving dedication to its goals, the alleviation of the suffering of mankind through a four-fold program of patient care, research, education and preventive medicine. This was the continued accomplishment of The New York Hospital during the year 1969.

# Report of the Director of the Hospital

DAVID D. THOMPSON, M.D.

The New York Hospital cared for a total of 33,253 hospitalized patients during 1969, contrasting with 33,156, in 1968. At the same time, the number of patient days declined from 445,574 to 434,061, slightly reducing the average length of hospital stay. There were 245,023 visits to the Out-Patient Clinics and 34,291 visits to the Emergency Pavilion.

The total number of individuals in the Hospital's various training programs, including House Staff, Nursing Students and technicians in varied fields, numbered 856. The trend toward increased diagnostic and other specialized services to patients continued; clinical pathology examinations rose from 484,075 to 570,951; X-rays from 135,948 to 152,646; and Blood Bank procedures from 108,869 to 113,166.

Perusal of the Financial Statements elsewhere in this report will show an increase in operating expenses for the year, from \$47,343,629 to \$55,818,335, resulting in an operating deficit of \$2,440,531 in 1969, as opposed to \$2,305,351 in 1968.

All of these figures have impact upon one of the leading issues of the day, the escalating costs of health care as a whole. Before the problem can be constructively attacked, two aspects deserve careful exploration: first, what should be the role of hospitals as such in the whole spectrum of health care services; and second, what should be the responsibility of the teaching hospital in particular?

With continually rising costs for equipment and personnel, the outlook is not promising for reducing the cost of hospital care or even holding it at the present level. However this could be offset if we developed a whole spectrum of health care services which would make use of the hospital necessary for fewer people, less often and

for shorter periods.

Such a broad program of services would not only lower the total cost of health care but would also provide a higher level of health care to a greater number of people. It should contain the following elements:

## 1. Preventive medicine.

At great expense, hospitals care for many patients whose illnesses would not have progressed to the crisis stage if the difficulty had been detected at the onset and properly treated. Our society pays dearly for such neglect not only in terms of dollars but also in terms of human suffering. For example, there is good reason to believe that the unsatisfactory infant mortality rate in this country is directly attributable to lack of prenatal care. One suggested type of preventive medicine is mass screening of the population, and this is being studied in various areas. Among the

*Key punch operators at work in the Hospital's Department of Medical Systems and Computer Services.*



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questions that are debated are who should conduct these programs and to what facility persons needing treatment should be directed. Despite the difficulties, some way must be found to bring the benefits of preventive medicine to the great mass of our population.

## **2. Ambulatory treatment.**

The need for easy access to ambulatory treatment, either through relationship with a private physician or some organized facility, cannot be questioned. Through out-patient clinics, the nation's hospitals are supplying this need to a vast segment of the population. An established trend during recent decades has been increasing use of hospital emergency facilities for treatment, not of an emergency nature, after hours when doctors and other facilities are not available. The problem remains of extending good ambulatory care throughout the various geographical regions of the country and throughout various sectors of the population within given areas. The prospect appears likely that principles of group practice will be increasingly resorted to in meeting this problem.

## **3. Hospital care for acute illness.**

At a central position in the spectrum, hospitals will continue to be the resource for treatment of acute illness. And this care will continue to be expensive. The most inspired application of scientific hotel management principles will not affect it. An analysis of the estimated patient day cost in The New York Hospital in 1969 reveals that the hotel elements, including maintenance of plant, housekeeping, laundry and food, amount to only 21 per cent of the total. The remaining 79 per cent is attributable to costs incurred for medical treatment.

## **4. Intermediate or convalescent care.**

The nation's hospital population is increased by the lack of facilities for the care of patients who do not need the intensive care facilities of the acute care hospital but at the same time require medical supervision and care. Their needs could be met at far less cost than is possible in an acute care hospital. Among these patients are those requiring extensive diagnostic tests, prior to entrance to a hospital for surgery or other treatment and those who are in the convalescent stage of their illness. The establishment of such facilities must be given high priority in building our health care structure. Some sort of public subsidy may be necessary, but even then substantial economies would be effected by freeing the acute care hospitals of the responsibility to care for these patients.

## **5. Long-term care for the chronically ill.**

Like the convalescent patient, the chronically ill patient often remains in an acute care hospital for lack of any other place to go. This is expensive to society and not in the best interests of the patient, who would be better cared for in a facility especially geared to his needs. Here too is a notable lack in the health care system.

Even with all of these facilities available, health care would still be inadequate unless the various facets of the system were coordinated into a smoothly working whole. Means must be provided for the individual's orderly progress from one facility to another without a break in the continuity of the care he receives. Comprehensive coverage and coordinated care must be the goal. It is the opinion of many experts in the field that the hospitals, because of their central position in the spectrum, should assume responsibility for this coordination.

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In this health care spectrum, what is the special role of the teaching hospital?

Everybody agrees on the crucial importance to the welfare of society of an adequate number of physicians, nurses and other health personnel. Indeed, the question today is why were not more professionals trained, and trained sooner. All agree that these professionals must be educated in appropriate hospital settings. Yet at the same time there is a paradoxical lack of concern for the particular problems of the institutions which have the vigor and vision to undertake the teaching mission.

Operating a teaching hospital means much more than merely rotating interns through various pavilions. Every chief of service, every unit director, every member of the professional staff is involved in the teaching process. This goes far beyond classroom hours. The teaching concept permeates every phase of patient care. Many minds are brought to the consideration of the patient's problem; many viewpoints are expressed and evaluated; not only the technique but also the why of treatment is discussed. The result is not only teaching of the highest order but also uniquely excellent patient care.

The teaching program extends beyond physicians and surgeons to cover the whole range of health manpower. In addition to operating, in conjunction with Cornell University, the Cornell University-New York Hospital School of Nursing, the Hospital conducts manifold projects in education for graduate nurses, benefitting not only our institution but many others. Most of the nurses at hospitals in this area who are qualified to give dialysis treatments received the needed special training at The New York Hospital. The Hospital has similarly given graduate training in order to qualify nurses for work in coronary care



*The Radio Page Operator can summon professional personnel from a ten-block area by means of radio signals transmitted to small devices carried in the pocket.*

*Employees sharpen hypodermic needles before they are sterilized for re-use.*



units and in specialized surgical procedures, such as open heart surgery. The annual Premature Institutes conducted by the Hospital have given specialized training to physicians and nurses from all over the world in the field of caring for the premature infant.

Others trained through programs of The New York Hospital include X-ray technicians, dental hygienists, dieticians, physical therapists and medical social workers. All of this is part of the day-in, day-out work and care of patients in a teaching hospital.

Because of their goals, because of the talent they recruit and attract, because of their interest not only in the practice but also the development of medicine, teaching hospitals such as The New York Hospital provide services beyond the scope of other institutions. The Paul Felix Warburg Cardiac Care Unit and the Children's Urological Pavilion, opened during the past year, are cases in point. In the Hospital one finds such costly programs as those for organ transplant, for repair of birth defects, for development and testing of new medical as well as new surgical procedures. In order that they may benefit from these programs, the patients of many community hospitals are referred to The New York Hospital.

This affects hospital costs. It costs more to operate a teaching hospital. It costs more to operate an innovative hospital, providing complicated, specialized services.

However, this cost must be met, and allowance for it must be made in any allocation of health care funds. As part of a great medical center, oriented not only to patient care but also to teaching and research, The New York Hospital has the mission to blaze a trail which other institutions may follow. It provides care for patients today but has as major goals prevention of illness and



*At the Nursing Station in the Thoracic Surgery area of the Hospital.*

the development of better care for patients tomorrow. It is upon the existence of such great teaching centers, like The New York Hospital-Cornell Medical Center, that the whole future of American medicine depends.

Any fiscal policy which undermines the teaching hospital will inevitably undermine the whole health care structure. It is of crucial importance that this fact be given full weight in the restructuring of the health care system.

## Report of the Women's Auxiliary

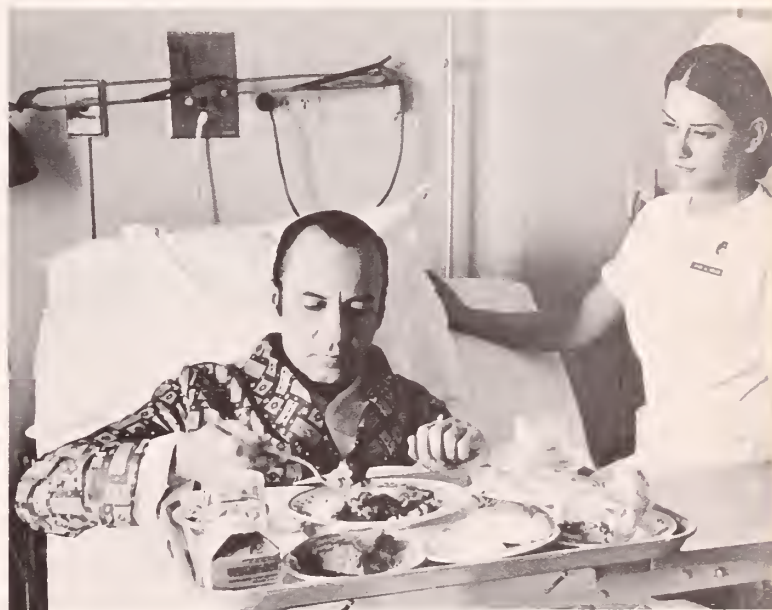
MRS. JOHN L. BARINGER, *Chairman*

The members of the Women's Auxiliary were very active during 1969 in behalf of The New York Hospital, not only in raising funds but also in working closely with various units to ascertain areas in which they could render service. The Annual Drive for the United Hospital Fund, which was under the leadership of Mrs. Thor Thors, Jr., raised a total of \$132,165, with direct benefits to The New York Hospital of \$71,985.

The Auxiliary contributed \$5,000 to the construction of the new Children's Urology Pavilion and was represented at the dedication of this important new Hospital facility. Support was also given to a project for remodeling of the Pediatric Out-Patient Department, with the decision to use for this purpose the entire proceeds of the luncheon-fashion show, for which Mrs. John Horn was chairman. A sum of \$3,000 was advanced for this purpose. The Hospital Gift Shop, for which the Auxiliary assumes responsibility, had a successful year, realizing \$15,000 from its operation. Mrs. Alexander Daignault aided and advised in its operation and several Auxiliary members assisted with purchasing.

An anonymous gift of \$200,000, to be known as the Women's Auxiliary Endowment Fund, was arranged through the kind offices of Mrs. Rollin Browne. This generous endowment will make possible increased services to the Hospital.

Members of the Auxiliary serve as liaison with various Hospital departments and keep the Auxiliary apprised of their needs. During 1969 this assistance was given in many areas. The Social Service Department, with which Mrs. Van Vechten Burger provides liaison, was supported by the annual grant of \$11,000, plus an additional



*Nourishing and appetizing food plays an important role in the patient's recovery.*



*The Hospital Gift Shop is maintained by the Women's Auxiliary. All profits are used to support the Hospital.*



*Inhalation therapy is increasingly used as an adjunct to intensive patient care. The inhalation therapy teams are supervised by the Department of Anesthesiology.*

amount to provide a television set for heart transplant patients. Air conditioning units and special art supplies were furnished to the Occupational Therapy Department, through the good offices of Mrs. Philip Hopp and Mrs. Shumer Lonoff. Mrs. Locke McLean and Mrs. Duer McLanahan arranged to sponsor a volunteers' booklet for the Pediatrics Department, as well as the annual Christmas party and the purchase of dolls which the nurses dressed and presented to the children.

Portable television sets, typing tables and children's Christmas items were provided for the Payne Whitney Psychiatric Clinic under the leadership of Mrs. W. Allston Flagg and Mrs. Lauretta D. Robinson. The Nursing Committee, headed by Mrs. Edwin T. Hauser and Mrs. Slade Mills Jr., provided funds for the nurses' recreational programs. Miss Marilyn Graves continued her work in support of the Patient's Library; the book sale in May netted \$1,736 for the purchase of new volumes. The library was also supported by the Graves Fund, in memory of Helen Mitchell Graves.

The Auxiliary's Thrift Shop moved to new quarters at 72nd and Third Avenue, where finan-

cial responsibilities could be shared among eight charities. This improved the financial stability of the venture. Mrs. Rollin Browne and her committee worked hard to ensure that the Thrift Shop would remain a profitable enterprise.

On various occasions during the year the Auxiliary members gathered for the purpose of becoming more familiar with the activities of the Hospital. They enjoyed an address by Dr. David D. Thompson, Director, on current financial trends as well as talks by several eminent physicians of the Hospital on the work of their departments. Mr. Ernest F. Gamache, Secretary and Treasurer, was very helpful as administrative liaison as was Mrs. Alice Ivison, who attended meetings as a consultant.

During 1969, two new chairmen were added to the Executive Board and eight new members were elected. The loss by death of Mrs. Crawford Hill was deeply regretted. In closing, I wish to express my appreciation to my fellow officers, the committee chairmen and to all the members for their support and cooperation during this busy and constructive year.

# Standing Committees of the Board of Governors / 1970

## Executive Committee

Frederick K. Trask, Jr., *Chairman*  
 Walter G. Dunnington, Jr.  
 Ernest F. Gamache until 7/1/70  
 Kenneth H. Hannan  
 Mrs. Stuart H. Ingersoll  
 Jean Mauzé  
 George S. Moore  
 Stanley de J. Osborne  
 Mrs. John T. Pratt  
 H. Mefford Runyon as of 5/1/70  
 David D. Thompson, M.D.  
 John Hay Whitney

## Finance Committee

Jean Mauzé, *Chairman*  
 Benjamin S. Clark  
 Ernest F. Gamache until 7/1/70  
 John L. Loeb  
 Samuel C. Park, Jr.  
 H. Mefford Runyon as of 5/1/70  
 David D. Thompson, M.D.  
 Edwin Thorne

## Membership and Public Relations Committee

Walter G. Dunnington, Jr., *Chairman*

Ernest F. Gamache until 7/1/70  
 Mrs. Stuart H. Ingersoll  
 Mrs. Maynard C. Iverson  
 Devereux Milburn  
 A. G. Paine  
 H. Mefford Runyon as of 5/1/70  
 Edwin Thorne  
 John L. Weinberg

## Psychiatric Committee

Walter A. Kernan, *Chairman*  
 George F. Baker, Jr.  
 R. Palmer Baker, Jr.  
 Ernest F. Gamache until 7/1/70  
 Joseph Verner Reed, Jr.  
 H. Mefford Runyon as of 4/27/70  
 David D. Thompson, M.D.  
 Albert Carey Wall

## Nominations Committee

Richard G. Croft, *Chairman*  
 Francis Kernan  
 Kenneth H. Hannan  
 Mrs. Stuart H. Ingersoll  
 Devereux Milburn  
 Mrs. John T. Pratt

Frederick K. Trask, Jr.  
 John Hay Whitney

## Real Estate Committee

Robert W. Purcell, *Chairman*  
 R. Palmer Baker, Jr.  
 Ernest F. Gamache until 7/1/70  
 Walter A. Kernan  
 Jean Mauzé  
 H. Mefford Runyon as of 5/1/70  
 David D. Thompson, M.D.

## Retirement Board

Albert Carey Wall, *Chairman*  
 Ernest F. Gamache until 7/1/70  
 Louis M. Loeb  
 Samuel C. Park, Jr.  
 H. Mefford Runyon as of 5/1/70  
 David D. Thompson, M.D.

## Audit Committee

John L. Weinberg, *Chairman*  
 George F. Baker, Jr.  
 William A. M. Burden  
 George S. Moore  
 Stanley de J. Osborne  
 Samuel C. Park, Jr.

## Law Committee

Walter G. Dunnington, Jr., *Chairman*  
 Edward W. Bourne  
 Louis M. Loeb

## Budget Committee

Stanley de J. Osborne, *Chairman*  
 Kenneth H. Hannan  
 Jean Mauzé

## Hospital Art Committee

To be appointed

## Wage and Salary Committee

Devereux Milburn, *Chairman*  
 Walter G. Dunnington, Jr.  
 Frederick K. Trask, Jr.  
 John L. Weinberg  
 Kenneth H. Hannan, *ex officio*

## Nursing Committee

R. Palmer Baker, Jr., *Chairman*  
 Mrs. Stuart H. Ingersoll  
 Louis M. Loeb  
 Jean Mauzé  
 Mrs. John T. Pratt  
 Kenneth H. Hannan, *ex officio*

## Officers of the Women's Auxiliary of The New York Hospital

Mrs. John L. Baringer  
*Chairman*  
 Mrs. Thor Thors, Jr.  
*First Vice-Chairman*

Mrs. John Horn  
*Second Vice-Chairman*  
 Mrs. Miller Duryea  
*Secretary*

Mrs. Stuart H. Ingersoll  
*Treasurer*

## Officers of the Ladies' Auxiliary to the Lying-In Hospital

Mrs. David N. Barrows  
*President*  
 Mrs. J. Culbert Palmer  
*Vice-President*

Mrs. Graham Hawks  
*Treasurer*  
 Mrs. Robert Kinzel  
*Assistant Treasurer*

Mrs. Randolph Gepfert  
*Corresponding Secretary*  
 Mrs. Elmer Kramer  
*Recording Secretary*

## Administrative Officers / 1970

*Director*  
 David D. Thompson, M.D.  
*Comptroller*  
 George J. McBride  
*Associate Director*  
 William H. Scott  
*Associate Director for Corporate Affairs*  
 Ernest F. Gamache to 5/1/70  
 H. Mefford Runyon from 5/1/70  
*Associate Directors for Professional Affairs*  
 Melville A. Platt, M.D.  
 Susan T. Carver, M.D. from 3/1/70  
*Associate Director Engineering Division*  
 Richard J. Olds  
*Chief, Engineering Division*  
 David Ferguson to 5/31/70

*Director, Nursing Service*  
 Muriel R. Carbery, M.S., R.N.  
*Dean, School of Nursing*  
 Muriel R. Carbery, M.S., R.N. to 7/1/70  
 Eleanor C. Lambertsen, Ed.D., D.Sc., R.N. From 7/1/70  
*Associate Dean, School of Nursing*  
 Mrs. Ruth L. Kelly, Ed.D., R.N. to 4/30/70  
*Director, Personnel*  
 H. Henry Bertram  
*Director, Public Relations*  
 Mrs. Kay Bailly  
*Executive Assistant*  
 Patricia B. Baldrige  
*Chief Pharmacist*  
 Norman Baker, B.S.  
*Director, Personnel Health*  
 William N. Christenson, M.D.  
*Director, Volunteers*  
 Mrs. Sara T. Crawford

*Purchasing Agent*  
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*Director, Medical Information*  
 Jennie DePrima  
*Assistant to the Director,*  
*Payne Whitney*  
*Psychiatric Clinic*  
 Ronald Hamann  
*Director, Social Service*  
 Marjorie Jonas, M.S.  
*Executive Assistant*  
 Edmund Kadysiewski  
*Executive Assistant*  
 Cosmo J. LaCosta  
*Director, Security*  
 Vincent E. Loughlin  
*Director, Nutrition*  
 Esther J. Mackereth  
*Manager of Accounts*  
 John J. Moore to 5/1/70  
 George C. Freeland from 5/1/70

*Executive Assistant, Building & Communication Services*  
 James J. O'Connell  
*Director, Medical Records*  
 Mrs. Edna M. Rutherford, B.A., R.R.L.  
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 Henry E. Schlereth  
*Executive Assistant, Purchase & Supplies*  
 William Walton, B.A.  
*Chief of Service, Vincent Astor Diagnostic Service*  
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 Martha L. Weller, R.N.

## Financial Statements

THE SOCIETY OF THE NEW YORK HOSPITAL, DECEMBER 31, 1969 AND 1968

### Balance Sheets

	ASSETS	1969	1968
CASH .....		\$ 2,470,453	\$ 749,451
ACCOUNTS RECEIVABLE:			
Patient care, less allowances of \$3,363,178 in 1969 and \$3,027,992 in 1968 for uncollectible accounts (Note 4) .....		14,703,774	12,370,268
Other .....		754,780	1,215,958
		<u>15,458,554</u>	<u>13,586,226</u>
INVENTORIES (at average cost), PREPAID EXPENSES AND DEFERRED CHARGES .....		4,584,673	4,813,400
INVESTMENTS:			
Marketable securities, at market (cost — \$33,219,329 in 1969 and \$34,035,342 in 1968) .....		41,526,947	46,658,297
Real estate, at cost (includes certain land at an appraised value of \$500,000) (Note 3) .....		5,300,764	4,404,713
		<u>46,827,711</u>	<u>51,063,010</u>
PLANT AND EQUIPMENT (Note 1) .....		59,445,578	57,429,218
Less — Accumulated depreciation .....		24,206,701	22,801,622
		<u>35,238,877</u>	<u>34,627,596</u>
HOUSING PROPERTY, at cost (Notes 2 and 3) .....		21,654,394	19,729,814
Less — Accumulated depreciation .....		1,492,389	1,037,339
		<u>20,162,005</u>	<u>18,692,475</u>
		<u>\$124,742,273</u>	<u>\$123,532,158</u>
LIABILITIES AND FUND BALANCES			
LIABILITIES:			
Accounts payable and accrued liabilities .....	\$	2,700,645	\$ 2,692,563
Temporary funds for special purposes .....		682,676	762,375
Accrued pension expense (Note 5) .....		1,239,152	—
		<u>4,622,473</u>	<u>3,454,938</u>
Note and mortgages payable (Note 3) .....		9,879,960	9,426,601
Total liabilities .....		<u>14,502,433</u>	<u>12,881,539</u>
FUND BALANCES (Note 6):			
General fund .....		19,422,668	16,870,780
Plant fund .....		37,198,349	35,780,871
Restricted funds (including unrealized appreciation of marketable securities of \$8,307,618 in 1969 and \$12,622,955 in 1968) .....		53,618,823	57,998,968
		<u>110,239,840</u>	<u>110,650,619</u>
		<u>\$124,742,273</u>	<u>\$123,532,158</u>

The accompanying notes to financial statements are an integral part of these balance sheets.

### *Statements of Income (Loss)*

FOR THE YEARS ENDED DECEMBER 31, 1969 AND 1968

	1969	1968
<b>OPERATING INCOME:</b>		
Care of patients (Note 4) .....	\$50,869,384	\$42,854,897
Other .....	2,508,420	2,183,381
Total .....	<u>53,377,804</u>	<u>45,038,278</u>
<b>OPERATING EXPENSES:</b>		
Nursing .....	20,087,335	17,354,732
Other professional services .....	14,043,637	10,958,209
Household and property operation .....	6,527,384	6,009,936
Nutrition .....	4,050,916	3,715,054
Provision for depreciation (Note 1) .....	1,713,939	1,575,079
Provision for employees' retirement plan (Note 5) .....	1,544,430	883,845
Administrative and general .....	7,850,694	6,846,774
Total .....	<u>55,818,335</u>	<u>47,343,629</u>
Operating deficit .....	2,440,531	2,305,351
<b>INCOME FROM INVESTMENTS AND CHARITABLE TRUSTS</b> .....	<u>1,313,625</u>	<u>1,369,005</u>
Deficit for the year before current contributions .....	<u>1,126,906</u>	<u>936,346</u>
<b>CURRENT CONTRIBUTIONS:</b>		
Amounts designated for special purposes and for psychiatric divisions .....	659,410	860,831
Distributions from the United Hospital Fund and The Greater New York Fund ....	376,520	209,593
Memberships and contributions .....	490,198	627,553
Total .....	<u>1,526,128</u>	<u>1,697,977</u>
Less — Amounts designated for special purposes .....	529,541	782,150
Net current contributions .....	996,587	915,827
Net loss for the year transferred to fund balance .....	<u>\$ 130,319</u>	<u>\$ 20,519</u>

### *Statements of Changes in Fund Balances*

FOR THE YEARS ENDED DECEMBER 31, 1969 AND 1968

	1969	1968
<b>BALANCE AT BEGINNING OF YEAR</b> .....	\$110,650,619	\$105,632,094
<b>ADD (DEDUCT) :</b>		
Net loss for the year .....	( 130,319)	( 20,519)
Legacies and restricted gifts .....	2,391,193	3,485,367
Income earned on investments of the restricted funds .....	956,641	887,820
Appreciation (depreciation) of marketable securities of the restricted funds—		
Realized, net .....	443,912	133,206
Unrealized .....	( 4,315,337)	540,427
Adjustment of plant and equipment accounts .....	250,796	—
Miscellaneous — net .....	( 7,665)	( 7,776)
<b>BALANCE AT END OF YEAR</b> .....	<u>\$110,239,840</u>	<u>\$110,650,619</u>

The accompanying notes to financial statements are an integral part of these statements.

ARTHUR ANDERSEN & CO.

NEW YORK, N. Y.

To the Board of Governors,

The Society of the New York Hospital:

We have examined the balance sheets of The Society of the New York Hospital (a charitable corporation organized in New York in 1771) as of December 31, 1969 and December 31, 1968, and the related statements of income (loss) and changes in fund balances for the years then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying balance sheets and statements of income (loss) and changes in fund balances present fairly the assets, liabilities and fund balances of The Society of the New York Hospital as of December 31, 1969 and December 31, 1968, and the results of its operations for the years then ended, in conformity with generally accepted accounting principles consistently applied during the periods.

Arthur Andersen & Co.

March 16, 1970.

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 1969

(1) THE FOLLOWING TABULATION SETS FORTH THE PLANT AND EQUIPMENT ACCOUNTS OF THE SOCIETY AT DECEMBER 31, 1969:

	GROSS AMOUNT	ACCUMULATED DEPRECIATION (STRAIGHT- LINE)	NET AMOUNT
LAND, AT ASSESSED VALUES AT DECEMBER 31, 1943, PLUS SUBSEQUENT ADDITIONS AT COST OR FAIR MARKET VALUE AT DATE OF GIFT:			
New York Division .....	\$ 3,085,944	\$ —	\$ 3,085,944
Payne Whitney Psychiatric Division .....	190,350	—	190,350
Westchester Division .....	1,021,901	—	1,021,901
	<u>4,298,195</u>	<u>—</u>	<u>4,298,195</u>
BUILDINGS, AT COST:			
New York Division .....	18,236,237	6,534,029	11,702,208
Payne Whitney Psychiatric Division .....	1,707,125	893,381	813,744
Westchester Division .....	7,652,264	4,267,975	3,384,289
	<u>27,595,626</u>	<u>11,695,385</u>	<u>15,900,241</u>

BUILDING FIXTURES AND EQUIPMENT, ETC. AT COST:

New York Division .....	21,458,999	9,995,401	11,463,598
Payne Whitney Psychiatric Division .....	1,127,675	724,111	403,564
Westchester Division .....	4,965,082	1,791,804	3,173,278
	<u>27,551,756</u>	<u>12,511,316</u>	<u>15,040,440</u>

MEDICAL SCHOOL BUILDINGS, AT NOMINAL VALUE .....	1	—	1
	<u>\$59,445,578</u>	<u>\$24,206,701</u>	<u>\$35,238,877</u>

(2) AT DECEMBER 31, 1969, HOUSING PROPERTY OF THE SOCIETY CONSISTS OF THE FOLLOWING:

	GROSS AMOUNT	ACCUMULATED DEPRECIATION (STRAIGHT- LINE)	NET AMOUNT
Laurence G. Payson House (Note 3) .....	\$13,855,477	\$ 654,725	\$13,200,752
445 East 68th Street (Note 5) .....	3,314,472	148,430	3,166,042
Staff Residence House (Note 3) .....	2,267,985	526,604	1,741,381
Sutton Terrace Apartments (10% undivided interest) (Note 3) .....	1,832,783	—	1,832,783
1303 York Avenue .....	257,738	99,332	158,406
434 East 70th Street .....	125,939	63,298	62,641
	<u>\$21,654,394</u>	<u>\$1,492,389</u>	<u>\$20,162,005</u>

(3) NOTES AND MORTGAGES PAYABLE AT DECEMBER 31, 1969, CONSIST OF THE FOLLOWING:

	PRINCIPAL AMOUNT
5% mortgage payable in quarterly installments, including interest, of \$142,462 to November 1, 1984, and is secured by the land and building of the Laurence G. Payson House .....	\$5,988,335
5½% mortgage payable in monthly installments, including interest, of \$10,803 to November 1, 1991, and is secured by the Staff Residence House .....	1,645,741
5½% and 5¼% mortgages on Sutton Terrace Apartments, payable from rental income (Note 2) .....	999,783
4% unsecured note payable in monthly installments, including interest, of \$6,060 to December 1, 1988 .....	960,991
5¼% to 7% mortgages payable in quarterly installments, including interest, of \$12,167, maturing from October 31, 1972 thru April 10, 1986, secured by \$712,333 of the total cost of investment in real estate .....	285,110
	<u>\$9,879,960</u>

(4) Retroactive adjustments to patient care income were received from the Associated Hospital Service of New York totaling \$510,365 in 1969 and \$770,756 in 1968, covering insured patients admitted during the calendar years 1968 and 1967, respectively. It is anticipated that retroactive adjustments in 1970, for insured patients admitted in 1969, will be approximately \$777,000 and this amount is included in patient care accounts receivable at December 31, 1969.

(5) Under the Society's trustee, noncontributory retirement income plan, all employees with 15 years of creditable service are entitled to receive retirement benefits at age 65 (62 under an early retirement option). The provision for the employees' retirement plan, \$1,544,430 in 1969, including interest on unfunded prior service costs, and \$883,845 in 1968, increased due to the rise, including anticipated future increases, in salary levels since the previous actuarial valuation as of December 31, 1967. The Society's policy is to fund pension costs accrued; during January, 1970, the liability to the pension fund on the accompanying balance sheet was discharged by issuing a \$2,500,000 8% mortgage (payable in quarterly installments of \$62,925, including interest, and secured by 445 East 68th Street) to the plan's trustees. At December 31, 1969, the value of the retirement plan assets exceeds the actuarially computed value of vested benefits. As of December 31, 1968, date of the latest actuarial valuation, unfunded prior service costs were \$8,850,000.

(6) Unpaid pledges to the Fund for Medical Progress, a joint fund raising campaign with Cornell University Medical College for capital and endowment needs of The New York Hospital-Cornell Medical Center (exclusive of direct pledges to Cornell) were approximately \$2,200,000 at December 31, 1969. Such pledges have not been recorded in the accompanying financial statements. The Society is the beneficiary of bequests and gifts under various wills and trusts, etc., the realizable amounts of which are not presently determinable.

## Highlights of the Year's Statistics

### Patient Care

PATIENTS ADMITTED	1969	1968
Main Hospital	27,810	27,571
Newborn	4,558	4,806
Payne Whitney Psychiatric Clinic	349	358
The New York Hospital Westchester Division	536	421
	<u>33,253</u>	<u>33,156</u>
Patient Days, All Divisions Including Newborn	434,061	445,574
Visits to Out-Patient Clinics	245,023	253,810
Visits to Emergency Pavilion	34,291	33,104

### Distribution of Beds

#### NUMBER OF BEDS — 1969

PAVILION (WARD)		
Medicine	139	
Surgery	129	
Urology	30	
Accident & Emergency	8	
Obstetrics & Gynecology	65	
Pediatrics	74	445
Bassinets		48
Total Pavilion (Ward)		493
PRIVATE		
Main Hospital	124	
Obstetrics & Gynecology	29	
Pediatrics	5	158
Bassinets		16
Total Private		174
SEMI-PRIVATE		
Two Bed Baker	73	
Medical & Surgical	163	
Urology	32	
Obstetrics & Gynecology	64	
Pediatrics	38	370
Bassinets		15
Total Semi-Private		385
Payne Whitney Clinic		108
Total New York City		1,160
The New York Hospital Westchester Division		350
Grand Total		<u>1,510</u>

### Services to Patients

LABORATORY EXAMINATIONS	1969	1968
Bacteriology	103,724	116,791
Basal Metabolism	1,297	1,401
Blood Bank	113,166	108,869
Chemistry	504,344	448,595
Clinical Pathology	570,951	484,075
Cytology	34,188	34,307
Parasitology	8,840	8,471
Serology	26,445	26,898
Pediatric Endocrinology	3,245	2,121
Pediatric Hematology	46,556	26,504
Pediatric Ultra Micro-Chemistry	17,488	13,224
Radioisotope Services	6,480	5,505
Surgical Pathology	12,911	13,231
Miscellaneous	8,146	7,466
X-Ray Examinations	152,646	135,948
X-Ray Treatments	- 0 -	1,231
Operations	18,311	15,343
Deliveries	4,556	4,830
Electrocardiograms	37,560	34,344
Electroencephalograms	2,210	1,972
Social Service Interviews	82,665	76,409
Physical Therapy Treatments	19,420	19,455
Transfusions	15,788	13,981
Pharmacy Prescriptions	273,006	324,493
Record Room - New Case Records	40,899	38,925
Occupational Therapy Treatments	4,820	4,361
Recreational Therapy - Pediatrics	40,785	53,003

### Training Program

	1969
House Staff	285
Nursing Students Affiliated	
Undergraduate Students	271
Practical Nurse Students	25
X-Ray Technician Students	34
Dental Hygienist Students	17
Dietetic Interns	19
Physical Therapist Students	23
Medical Social Work Students	4
TOTAL	678
Payne Whitney Psychiatric Clinic	
House Staff	25
Westchester Division	
House Staff	29
Nursing Students	
Affiliated Undergraduates	124
	<u>856</u>

# *Donors* To the Society of the New York Hospital / 1850-1969

*Of sums not less than ten thousand dollars*

Simeon Abrahams	Mrs. Harry Payne Bingham	Stephen C. Clark
In memory of	Harry Payne Bingham, Jr.	William Clark
Major General Julius Ochs Adler	Cornelius N. Bliss	In grateful recognition
Douglas H. Alexander	Cornelius N. Bliss, Jr.	Robert Livingston Clarkson
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Irving Berlin Charitable Fund, Inc.	The Children's Welfare Fund	and Charitable Foundation
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		Nevada

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 of Dr. William D. Stubenbord  
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 George A. Heintzemann  
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Estate of Dennistoun M. Bell  
 Estate of Katharine H. Birchall  
 Estate of Grace Carkner  
 Estate of Gertrude Ridgway Carman  
 Estate of Kathleen Colby

Estate of Morris Goodman  
 Estate of Mary M. Greenwood  
 Estate of Herman H. Heye  
 Estate of Evelyn Loew Hill  
 Estate of Irving Kadin  
 Estate of Minnie Kahn

The Charles E. Merrill Trust  
 Estate of Isaac Morris  
 Estate of C. Gustave Mouraille  
 Estate of Charles P. Wood  
 Estate of Rudolph Zikmund

## *Endowed Beds* OF THE SOCIETY OF THE NEW YORK HOSPITAL / 1886-1969

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1886 Robert Livingston Gerry  
 1901 Anna Peabody Wainwright  
     In memory of John Tillotson Wainwright  
 1902 Margaret J. Plant  
     In memory of her brother, Simon Loughman  
 1903 Nathaniel Whitman  
 1904 Howard Willets  
     In memory of his son, Jack Willets  
 1904 Harriette M. Arnold, St. George Bed, Hicks Arnold  
 1905 Maria L. Campbell  
     In memory of Duncan Pearsall Campbell  
     Governor, 1818-1827  
 1906 Mr. and Mrs. Henry F. Shoemaker  
     In memory of their son, William Brock Shoemaker  
 1907 Catherine L. R. Catlin  
     In memory of her brother, N. W. Stuyvesant Catlin  
 1908 Kate Fearing Welman  
     In memory of her father, Charles Edward Strong  
 1909 Fanny A. Haven  
     In memory of her husband, George Griswold Haven  
 1909 Joel S. Mason  
     In memory of his parents,  
     Joel Whitney Mason and Mary Elizabeth Mason  
 1909 Elizabeth M. Bliss  
 1910 Elizabeth Fisher King  
     In memory of her husband, Edward King,  
     who died in 1908  
 1912 Ella R. DeWitt  
     In memory of her husband, George Gosman DeWitt  
 1912 Catherine E. Daly  
 1913 Harrison E. Gawtry  
     In memory of his wife, Louise Brown Gawtry  
 1914 Frank Hartley  
 1915 Annie L. Morris  
     In memory of her husband, Fordham Morris,  
     who died in 1909

1916 Benjamin Robert Winthrop  
     In memory of his father, Benjamin Robert Winthrop  
 1919 Webb Institute of Naval Architecture  
 1920 Adelaide Foltz Chapman  
     In memory of her father, William Stewart Foltz  
 1922 Ellen C. Harris  
     In memory of George W. Harris  
 1922 Adelina M. Cramer  
     In memory of her brother, J. William Husemeyer  
 1922 Augusta I. Scott  
 1922 Mary A. FitzGerald  
 1922 Minetta C. Howenstine, The Howenstine Beds  
 1923 Marion Cutting  
 1923 Mary A. FitzGerald  
 1924 Lena Cadwalader Evans  
     In memory of her grandfather, Israel Corse,  
     a former governor of this Hospital,  
     and his daughter, Lena Burr Corse Evans  
 1924 William G. DeWitt  
     In memory of his brother, Theodore DeWitt  
 1925 William P. Wainwright  
     In memory of his father, William P. Wainwright  
 1925 William P. Wainwright  
     In memory of his mother, Cornelia R. Wainwright  
 1925 Mr. and Mrs. Gilbert Edward Jones  
     In loving and thankful memory  
     of Elizabeth Ingersoll Haven  
 1926 Kate Bainbridge Murray  
     In memory of her brother, Thomas E. Deeley  
 1927 Theresa R. Irving  
     In memory of her parents, John Brodhead Beck, M.D.  
     and Anne Sands Tucker Beck  
 1927 Theresa R. Irving  
     In memory of her husband, Cortlandt Irving,  
     her brother, Fanning Cobham Tucker Beck,  
     and her sister, Annie M. Tucker Beck

# ENDOWED BEDS / 1886-1969

- 1927 Emily Stewart Waller  
In memory of her father, John Aikman Stewart
- 1927 Charles H. Wainwright  
In memory of his brother, William P. Wainwright
- 1927 Alfonso DeNavarro
- 1928 Mr. and Mrs. Howland Pell  
In memory of their son, Howland Gallatin Pell
- 1928 Almy Gallatin Pell  
In memory of her father and mother,  
Frederic and Almy G. Gallatin
- 1928 Mr. and Mrs. Edward Lathrop Ballard
- 1928 Mrs. Henry James  
In memory of her cousin, McEvers Bayard Brown
- 1929 Arthur H. Herschel  
In memory of his mother, Grace Darling Herschel
- 1929 Peter F. Meyer and Lizzie O. Meyer
- 1930 Mary L. Walker Peters,  
The Charles Grenville Peters Bed
- 1933 William James Boucher  
In memory of his father and mother,  
John and Lydia Lawrence Boucher
- 1934 Jean Brown Jennings  
In memory of her husband, Walter Jennings
- 1934 Oliver Burr Jennings, Jeanette Jennings Taylor,  
Constance Jennings Ely  
In memory of their father, Walter Jennings
- 1934 Mary Isabella Meek
- 1936 Mrs. Thomas Williams, Thomas R. Williams,  
Mrs. Dorcas W. Ferris, Mrs. Edith S. Blydenburg,  
In memory of Thomas Williams
- 1939 Katherine Grace Snyder
- 1939 Arthur H. Herschel  
In memory of his wife, Sarah Frances Herschel
- 1939 Veronica Brown Brophy  
In memory of her father, George B. Brown,  
a builder of this Hospital
- 1939 Edith Haggin DeLong  
In loving memory of her son,  
James Ben Ali Haggin Lounsbury
- 1940 Edith Lounsbury Worden  
In loving memory of her mother,  
Edith Haggin DeLong
- 1940 John A. Stewart
- 1940 Mary T. Sheldon
- 1941 Patients and friends  
In memory of William R. Williams, M.D.,  
Attending Physician, 1912-1932
- 1942 Ballard Memorial Bed
- 1943 The Pleasant Valley Mills Bed
- 1943 Josiah Locke Webster
- 1943 Robert Winthrop
- 1944 Anonymous, The Cayuga Bed
- 1944 Howard Gould and Margarete M. Gould
- 1945 Augusta dePeyster  
In memory of her sister, Frances dePeyster
- 1945 Julia Noyes deForest  
In memory of her husband, Henry W. deForest
- 1945 Julia Noyes deForest  
In memory of her sons, Henry W. deForest  
and Charles Noyes deForest
- 1947 Mrs. Leland Eggleston Cofer  
In loving memory of Lucy Chauncey
- 1948 Martha B. and William Fraser
- 1948 Rosetta F. Sachs  
In memory of Max Kaskel
- 1949 William Kirk Memorial Bed
- 1949 Macy Mutual Aid Association
- 1949 Louise M. Griffin  
In memory of her mother  
Pauline Pryibil Hoffmann
- 1950 The Edward L. Cussler Memorial Bed
- 1950 G. Beekman Hoppin Memorial Bed
- 1951 The Dillon Fund
- 1953 Max Rice
- 1954 John Jay, 1875-1928, Memorial Bed
- 1955 The Marc Eidlitz Bed
- 1955 Col. John C. C. Thornton Family
- 1956 Mary E. Cuming, in loving memory  
of father, mother, brothers and sisters
- 1956 Dessie Greer
- 1956 Eugenie M. L. Garchery
- 1956 The Pleasant Valley Mills Bed, II
- 1957 Mathilde S. Sterne  
In memory of Simon Sterne
- 1957 Marie Stewart  
In memory of Virginia Stewart
- 1958 Marjorie Hard
- 1958 In memory of Henry Nathan, 1852-1922  
Dedicated by his son, Garfield Arthur Nathan
- 1958 In memory of Tillie Burgauer Nathan, 1862-1933  
Dedicated by her son, Garfield Arthur Nathan
- 1958 The Katherine Grace Snyder Bed
- 1959 In loving memory of Ivan Henning Wichfeld
- 1961 Alice McIntire Fay Memorial Bed
- 1963 Mr. and Mrs. Edgar Seldon Bloom  
In memory of Mrs. Bloom's parents,  
James Boyle Wallace and  
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- 1963 Cedric Aylwin Major
- 1965 Henry Lewis Phillips and  
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- 1966 The Estate of Cornelius Von E. Mitchell  
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In loving memory of Mary S. Van Beuren  
In loving memory of Mary E. D. Mitchell  
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- 1968 Louis P. Eckhard Trust

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Barry Selmanowitz, M.D.  
Robert Seward, M.D.  
Raymond Slevin, M.D.  
Charles Gerard Smith, M.D.  
Penelope K. Sullivan, M.D.  
Hermann Von Greiff, M.D.  
Kenneth F. Von Roenn, M.D.  
Stanley Yarus, M.D.

## Radiology

#### RADIOLOGIST-IN-CHIEF

John A. Evans, M.D.

#### ATTENDING RADIOLOGISTS

Giulio D'Angio, M.D.

## PROFESSIONAL STAFF

Harold L. Temple, M.D.  
Judah Zizmor, M.D.

### ASSOCIATE ATTENDING RADIOLOGISTS

David V. Becker, M.D.  
Richard J. Fleming, M.D.  
Robert H. Freiburger, M.D.  
Herman Grossman, M.D.  
Zuheir Mujahed, M.D.  
Nathan Poker, M.D.  
Douglas Gordon Potts, M.D.  
Joseph P. Whalen, M.D.  
Stephen White, M.D.

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Ina R. Altman, M.D.  
Harry A. Baltaxe, M.D.  
Waltraud-Gisela Blasberg, M.D.  
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F. Mitchell Cummins, M.D.  
Michael Deck, M. B., B.S.  
Peter E. Dohrowolski, M.D.  
Martin J. Edelman, M.D.  
Bernard Ghelman, M.D.  
Basil S. Hilaris, M.D.  
James C. Hirschy, M.D.  
Seymour Hopfan, M.D.  
James Hurley, M.D.  
Paul Killoran, M.D.  
Leroy Kotzen, M.D.  
David Carl Levin, M.D.  
James Marquis, M.D.  
Charles McLane, M.D.  
Charles Merten, M.D.  
Joseph M. Murphy, M.D.  
Plinio Rossi, M.D.  
Robert M. Ryan, M.D.  
George Snodgrass, M.D.  
George Stassa, M.D.  
Russell Tillitt, M.D.  
Robin C. Watson, M.D.  
Patricia Winchester, M.D.

### ATTENDING RADIATION PHYSICISTS

\*Elizabeth Focht, Ph.D.  
John S. Laughlin, Ph.D.

### ASSISTANT ATTENDING RADIATION PHYSICISTS

Stephen Balter, M.S.  
Melvyn J. Meyers  
Jean St. Germain, M.S.

### PROVISIONAL ASSISTANT RADIOLOGISTS

Joan Mary Cameron, M.D.  
Margaret O. Harrison, M.D.  
Hugh Robertson, M.D.

\*Deceased: 7/29/69

## Graduate Staff

### RADIOLOGISTS

Lewis Bader, M.D.  
Paula Brill, M.D.  
Kermit Dewey, M.D.  
Henry J. Fischer, Jr., M.D.  
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Peter E. Giustra, M.D.  
Kenneth Gorske, M.D.  
Garth L. Gregory, M.D.  
Charles B. Grossman, M.D.  
Andrew W. Haraway, Jr., M.D.  
Alfred Horowitz, M.D.  
Hsien W. Ju, M.D.  
Jeremy Kaye, M.D.  
James Korsten, M.D.  
Harry P. W. Kozakewich, M.D.  
Jack G. Lee, M.D.  
Samuel T. Lim, M.D.  
Barry I. Loigman, M.D.  
James McSweeney, M.D.  
Albert Messina, M.D.  
Paul Myerson, M.D.  
Jay Protass, M.D.  
James M. Rini, M.D.  
Richard Rizzuti, M.D.  
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Lawrence Ross, M.D.  
Harry S. Shulman, M.D.  
Thomas A. Sos, M.D.  
Richard Stewart, M.D.  
William Stiles, M.D.  
Richard Wolfman  
C. Lawrence Woodruff, M.D.

## Surgery

### General Surgery

#### SURGEON-IN-CHIEF

C. Walton Lillehei, M.D.

#### ATTENDING SURGEONS

William A. Barnes, M.D.  
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Cranston W. Holman, M.D.  
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#### ASSOCIATE ATTENDING SURGEONS

Eugene E. Clifton, M.D.  
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Edward I. Goldsmith, M.D.  
Peter M. Guida, M.D.  
Richard C. Karl, M.D.  
Henry Mannix, Jr., M.D.  
Arthur J. Okinaka, M.D.  
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Kurt H. Stenzel, M.D.  
John P. West, M.D.  
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#### ASSISTANT ATTENDING SURGEONS

Howard D. Balensweig, M.D.  
Jack H. Bloch, M.D.  
Raymond C. Bonnabeau, Jr., M.D.  
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Robert L. Clarke, M.D.  
Armand F. Cortese, M.D.  
Wade Duley, M.D.  
Hollon W. Farr, M.D.  
Harold Genvert, M.D.  
William R. Grafe, Jr., M.D.  
Joseph T. Kauer, M.D.  
Edward B. C. Keefer, M.D.  
Charles K. McSherry, M.D.  
John G. Ogilvie, M.D.  
Earl A. O'Neill, M.D.  
David S. Speer, M.D.  
John E. Sullivan, M.D.

#### ASSOCIATE ATTENDING PATHOLOGIST IN SURGERY

Robert W. McDivitt, M.D.

#### SURGEONS TO OUTPATIENTS

Merton L. Griswold, Jr., M.D.  
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#### RESEARCH ASSOCIATE (BIOCHEMISTRY)

Helena Gilder, M.D.

## Graduate Staff

### SURGEONS

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Robert G. Carlson, M.D.  
Antonio L. C. Castro, M.D.  
Walter J. Loehr, M.D.  
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William P. O'Grady, M.D.  
John M. Parsons, M.D.  
Herbert S. Perry, M.D.  
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F. Darwin Zahn, M.D.

#### ASSISTANT SURGEONS

John M. Aronian, M.D.  
Stanley E. Asnis, M.D.

John M. Aversa, M.D.  
Frank R. Barta, Jr., M.D.  
Hugh C. Bredin, M.D.  
Mark J. Brodkey, M.D.  
Sheldon Cohen, M.D.  
Edward B. Crosby, M.D.  
James J. Crossley, M.D.  
William T. Curry, M.D.  
Christopher J. Daly, M.D.  
Steven A. Dressner, M.D.  
Robert J. Ellis, M.D.  
Robert S. Ennis, M.D.

Ihsan Erdamar, M.D.  
Daniel A. Goor, M.D.  
Floyd L. Haar, M.D.  
Nicholas J. Herr, M.D.  
Eugene H. G. Hift, M.D.  
Stuart Holden, M.D.  
Frederick F. Jaffee, M.D.  
Andre F. Abou Jawde, M.D.  
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Harvey A. Konigsberg, M.D.  
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Kevin P. Morrissey, M.D.  
Robert A. Pezulich, M.D.  
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William R. Rassman, M.D.  
David M. Richter, M.D.  
Bruno Ristow, M.D.  
John G. Rose, M.D.  
Robert C. Schwager, M.D.  
Garry L. Smith, M.D.  
Jacqueline J. Struthers, M.D.  
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Richard N. Tiedemann, M.D.  
Joseph B. Twitchell, M.D.  
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### INTERNS

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---

## Dental and Oral Surgery

ATTENDING ORAL SURGEON-  
IN-CHARGE (*Dentistry*)

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ATTENDING ORAL SURGEON  
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Gerald M. Galvin, D.D.S.

J. Kenneth Schmidt, D.M.D.

Joseph J. Zito, D.D.S.

DENTIST TO OUTPATIENTS

Thomas M. Darrigan, D.D.S.

## Graduate Staff

ASSISTANT ORAL SURGEONS

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Marten W. Quadland, D.M.D.

INTERN IN ORAL SURGERY

Richard A. Smith, D.D.S.

---

## Neurosurgery

ATTENDING SURGEON-IN-CHARGE

Bronson S. Ray, M.D.

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ASSISTANT ATTENDING SURGEON

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John B. Thompson, M.D.

Henry C. Yu, M.D.

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John N. Insall, M.D.

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Victor Mayer, M.D.

Leon Root, M.D.

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Michael Browne, M.D.

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Richard G. Eaton, M.D.

Joseph B. Mason, M.D.

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Thomas D. Rizzo, M.D.

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\*Attending Surgeon-in-Chief  
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## Graduate Staff

SURGEONS

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Kuhrt Wieneke, Jr., M.D.

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William P. Crutchlow, M.D.

Joseph C. DeFiore, Jr., M.D.

Michael J. Errico, M.D.

Paul F. Fitzgerald, M.D.

Charles Hamlin, M.D.

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## Plastic Surgery

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Dicran Goulian, Jr., M.D.

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Thaddeus E. Starzynski, M.D.

## Graduate Staff

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Creighton G. Bellinger, M.D.

Bruce E. Burnham, M.D.

William J. Fisher, M.D.

Sergio M. Sanchez, M.D.

---

## Urology

ATTENDING SURGEON-IN-CHARGE

Victor F. Marshall, M.D.

ATTENDING SURGEONS

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John H. McGovern, M.D.

Willet F. Whitmore, Jr., M.D.

\*Deceased 8/25/69

ASSOCIATE ATTENDING SURGEONS

Robert S. Hotchkiss, M.D.

Gustavus A. Humphreys, M.D.

John G. Keuhnelian, M.D.

Edward C. Muecke, M.D.

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Francis A. Beneventi, M.D.

Mitchell Brice, III, M.D.

Edward C. Coats, M.D.

Robert D. Deans, M.D.

J. Edwin Drew, M.D.

Russell W. Lavengood, Jr., M.D.

Frederick C. McLellan, M.D.

William S. Tunner, M.D.

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## Graduate Staff

SURGEONS

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Robert S. Waldbaum, M.D.

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John W. Coleman, M.D.

Andrew J. Presto, III, M.D.

Garrett R. Tucker, III, M.D.

Steven I. Woodrow, M.D.

---

## Directors of Laboratories

BASAL METABOLISM

David V. Becker, M.D.

BLOOD BANK

Aaron Kellner, M.D.

CARDIOPULMONARY

Daniel S. Lukas, M.D.

CLINICAL CHEMISTRY

Roy W. Bonsnes, M.D.

CLINICAL HEMATOLOGY

Eugene L. Gottfried, M.D.

ELECTROCARDIOGRAPHY

Thomas A. Killip, M.D.

ELECTROENCEPHALOGRAPHY

Paul R. McHugh, M.D.

MICROBIOLOGY

Laurence Senterfit, Sc.D.

PAPANICOLAOU CYTOLOGY

John F. Seybolt, M.D.

## PROFESSIONAL STAFF

---

### PARASITOLOGY

B. H. Kean, M.D.

### PATHOLOGY—WOMAN'S CLINIC

Elmer E. W. Kramer, M.D.

### PEDIATRIC CARDIOLOGY

Mary Allen Engle, M.D.

### PEDIATRIC CARDIOPULMONARY

Aaron R. Levin, M.D.

### PEDIATRIC HEMATOLOGY

Philip Lankowsky, M.D.  
until March 1.

Denis R. Miller, M.D.  
as of June 1

### PEDIATRIC INFECTION

John C. Ribble, M.D.

### PEDIATRIC ULTRAMICRO-CHEMISTRY

Edward T. Schubert, Ph.D.

### RADIOISOTOPES

David V. Becker, M.D.

### SURGICAL PATHOLOGY

Robert W. McDivitt, M.D.

### TRANSPLANTATION DIALYSIS BIOCHEMISTRY

Albert L. Rubin, M.D.

---

## *Nursing Service*

### DIRECTOR OF NURSING SERVICE

Muriel R. Carbery

### ASSISTANT DIRECTOR OF NURSING SERVICE

M. Joanna Foster

### ASSISTANTS TO THE

### DIRECTOR OF NURSING SERVICE

Elizabeth Brooks

Mrs. M. Eva Paton

Margaret Terry

### CLINICAL NURSING

### DEPARTMENT HEADS

Helen M. Berg

*Medicine*

Anne T. Lally

*Obstetrics and Gynecology*

Dorothy Ellison

*Operating Rooms*

Margie Warren

*Out-Patients*

Alice DonDero

*Pediatrics*

Edna E. Tuffley

*Private Patients*

Laura L. Simms

*Surgery*

### ADMINISTRATIVE ASSISTANTS

Mrs. Helen V. Miller

Isabel Cameron

### DIRECTOR OF

### PSYCHIATRIC NURSING SERVICE

PAYNE WHITNEY

PSYCHIATRIC CLINIC

Eleanor Frany



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. . . gives aid to the ill and distressed; supports programs which educate doctors for the future; and makes possible research to stamp out disease, for the betterment of generations yet unborn.

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. . . have greatly aided the Hospital in its work of caring for the sick and advancing the frontiers of medical knowledge. A suggestion as to the proper wording for making such a bequest will be gladly sent upon application to the Secretary of The Society of the New York Hospital.

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### ***Memorial Gifts . . .***

. . . are welcome in every department of the Hospital and may reflect the donor's particular area of interest and the amount he desires to give. Large donations may initiate a new scientific project or supply greatly needed items of equipment. The Secretary's office will supply details regarding the creation of such a memorial.

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Donors of sums in any amount are extended the sincere appreciation and deep gratitude of the officers of the Society on behalf of the thousands of people whom the Hospital serves.

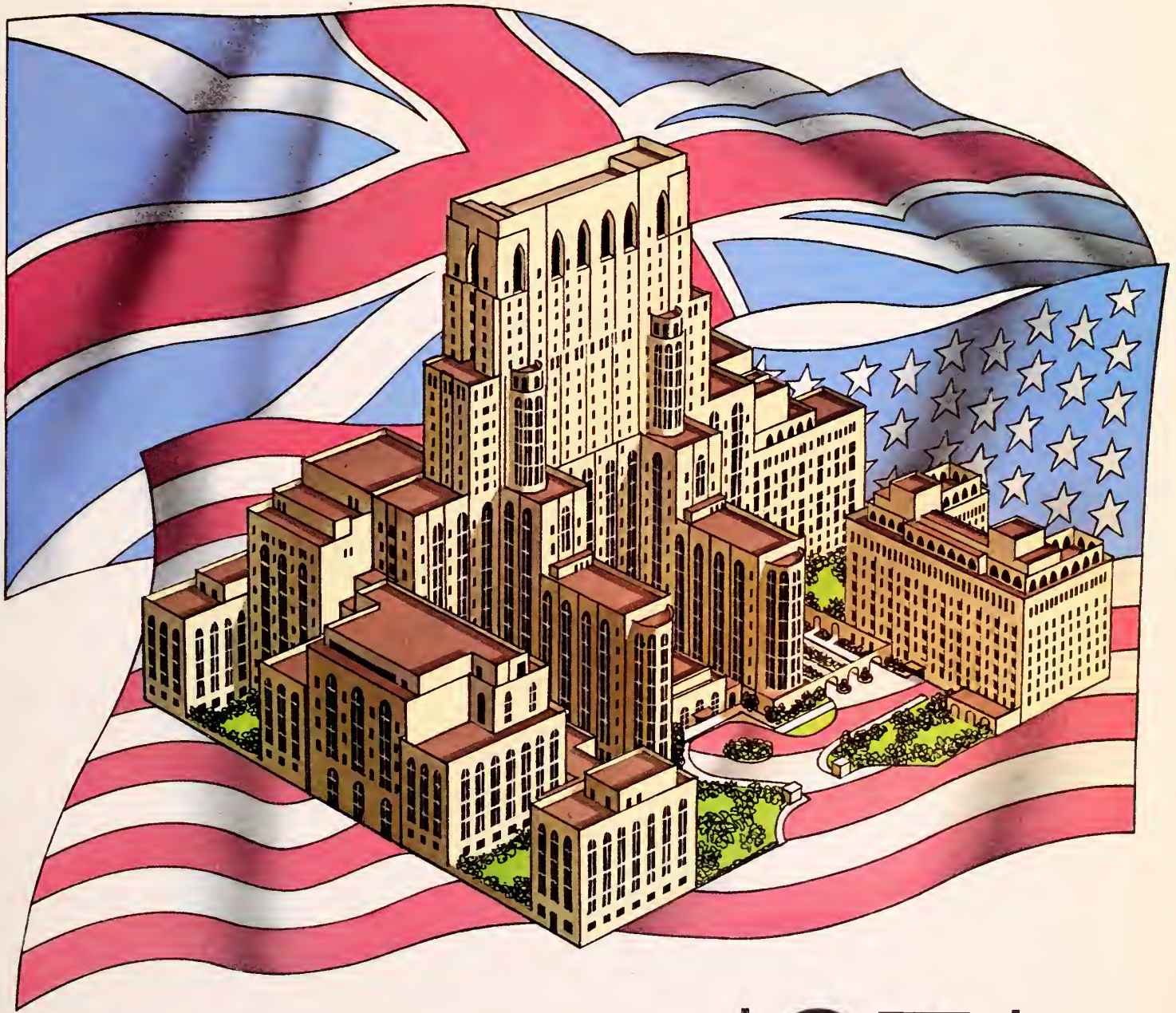
**The Society of the New York Hospital  
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New York, N.Y. 10021**



THE  
SOCIETY OF THE  
NEW YORK  
HOSPITAL

THE NEW YORK HOSPITAL 525 EAST 68TH STREET, NEW YORK, NEW YORK 10021

# 1771



ANNUAL REPORT

# 1971

THE SOCIETY OF THE NEW YORK HOSPITAL

*The Society of The New York Hospital*

*200 Years of Man's Humanity to Man*

# *The Society of the New York Hospital*

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The flags on the cover symbolize the era of change spanned by the existence of The New York Hospital. In the foreground, the Stars and Stripes. In the background, the Union Flag of Great Britain, as it flew over the Colony of New York in 1771. It shows the red cross of England superimposed on the white cross and blue field of Scotland.

The cover was made possible by an anonymous gift.

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# *Two Centuries at The New York Hospital*

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In the year 1771, “sundry publick-spirited persons, influenced by the spirit of benevolence,” petitioned King George III of England for a charter of incorporation, the purpose being to establish for the first time in the City of New York, “a publick hospital, one of the most useful and charitable institutions . . .”

The charter was granted and The New York Hospital came into being, operated by The Society of the New York Hospital through its Board of Governors, all of whom are private individuals donating their time and energies to the endeavor. It stands today as monumental, living testimony to the spirit of man’s humanity to man.

A non-profit institution, supported in part by gifts from the public, the Hospital has extended

its healing hand to ten generations of Americans.

In 1776, the first buildings, situated in lower Manhattan, received the Hospital’s first patients. In its 200-year history, the Hospital has cared for five million sick people.

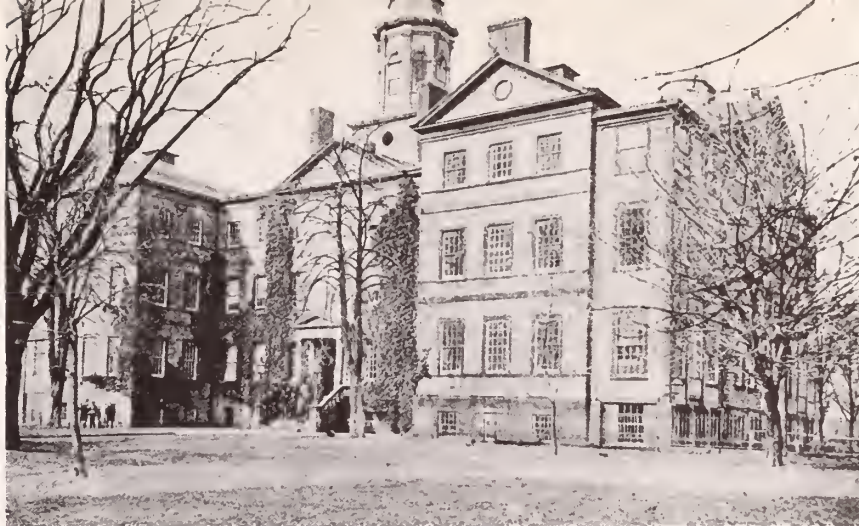
From its earliest days, the Hospital has been famous for its forward-looking policies, often anticipating by many years what would later be commonly accepted. Among such policies were its recognition of mental illness as a disease and its care of these patients in a separate building apart from the physically ill. It was the first hospital to have a psychiatric department. In 1821 a new division of the Hospital was opened on Upper Broadway to care for mentally ill patients, called Bloomingdale Asylum. Later the institu-

*The New York Hospital at its original site at Broadway and Duane Streets.*



*Central building  
of the first New York Hospital.  
The building was taken over  
as a barracks for British soldiers  
during the Revolutionary war.*

---



tion moved to White Plains, N.Y., where it is now known as The New York Hospital-Cornell Medical Center, Westchester Division.

In 1877 the Hospital moved from lower Manhattan to Sixteenth Street and established its School of Nursing. Affiliation with the Cornell University Medical College in 1912 furthered the Hospital's goal of becoming one of the world's great teaching institutions. Three independently famous hospitals became affiliated with it over the years, later merging legally with The Society of the New York Hospital. They were the Lying-In Hospital, the Manhattan Maternity and Dispensary, and the New York Nursery and Child's Hospital.

The Hospital moved to its present site in 1932. Included in the new structures was the Payne Whitney Psychiatric Clinic, providing both inpatient and out-patient care for the mentally ill in an urban setting.

The New York Hospital-Cornell Medical Center, occupying three city blocks at 68th Street and East River Drive, is made up of the Hospital, the Cornell University Medical College and the Cornell University-New York Hospital School of Nursing. The activities of the three institutions are coordinated by a Joint Administrative Board under the direction of the Center's President.

Since 1949, the services in orthopedics and rheumatic disease have been centered in the Society's affiliate, the Hospital for Special Surgery, which moved adjacent to the Center in 1955. Additional institutions to affiliate with the Center were the Burke Rehabilitation Center in White

Plains, N.Y., and the Manhattan Eye, Ear and Throat Hospital of New York City in 1968; and the North Shore Hospital in Manhasset, L.I., in 1969. Since 1932, the Center has also worked in close association with the Memorial Sloan-Kettering Cancer Center, located opposite The New York Hospital.

Throughout its history, The New York Hospital has adhered to a four-fold concept of medicine:

Care of the sick: The Hospital exists for the benefit of its patients and has as its goal excellent medical care in a patient-oriented environment.

Teaching: The Hospital holds to the philosophy that great medical institutions must provide for the teaching and training of doctors, nurses and technicians for tomorrow as well as for the care of the sick today.

Research: The Hospital believes that as it applies the best medical knowledge known, it must at the same time actively seek new knowledge which will lead to new understanding of disease, new methods of diagnosis and more rapid recovery.

Preventive medicine: The New York Hospital works constantly to accelerate the development of new knowledge for the maintenance of health. Its goal is to prevent as well as to cure illness.

In the pages which follow, the reader will find echoes of the colorful past of this great institution, the exciting story of progress in the various fields of medicine since the Hospital's beginning, as well as a review of the problems and challenges faced by The New York Hospital as it enters its third century.

# *Report of the President of the Society*

---

KENNETH H. HANNAN

During 1970 operating costs continued to be our most pressing problem. Because there seems to be little awareness among critics of hospital costs as to the causes for the rapid increase since 1965, it seems appropriate to restate the factors which have brought this about.

Our total costs in 1970 amounted to \$62 million, compared to \$32 million in 1965. In 1970, interns were paid \$10,500 a year, compared to \$3,500 in 1965. The starting salary of nurses in 1970 was \$9,420, compared to \$4,500 in 1965. During this same five-year period, the annual salaries of residents increased 278 per cent on a per capita basis. As 70 per cent of the costs of the Hospital are in salaries and wages, the reason for the 94 per cent increase in the Hospital's overall costs during this period is readily apparent.

The question logically arises as to the need for this increased compensation. Salaries and wages in hospitals have always lagged behind rates paid in other professions. Hospital personnel, doctors, nurses and staff, have subsidized patient care for years. Recently, however, the desire of the federal, state and local governments to extend hospital care on a much broader basis to the elderly and the impoverished put an added strain on hospital facilities. For a time, some form of financing was provided by government to assist the hospitals in meeting the problem. After a short time, this assistance was greatly diminished, due to the need of government to economize. However, the transition to higher compensation for hospital personnel had been set in motion by the government's action and it continues apace at present. Unlike other areas of our economy where increased compensation has been sought and won, the increased rates of compensation in the hospital field can be justified by the fact that the

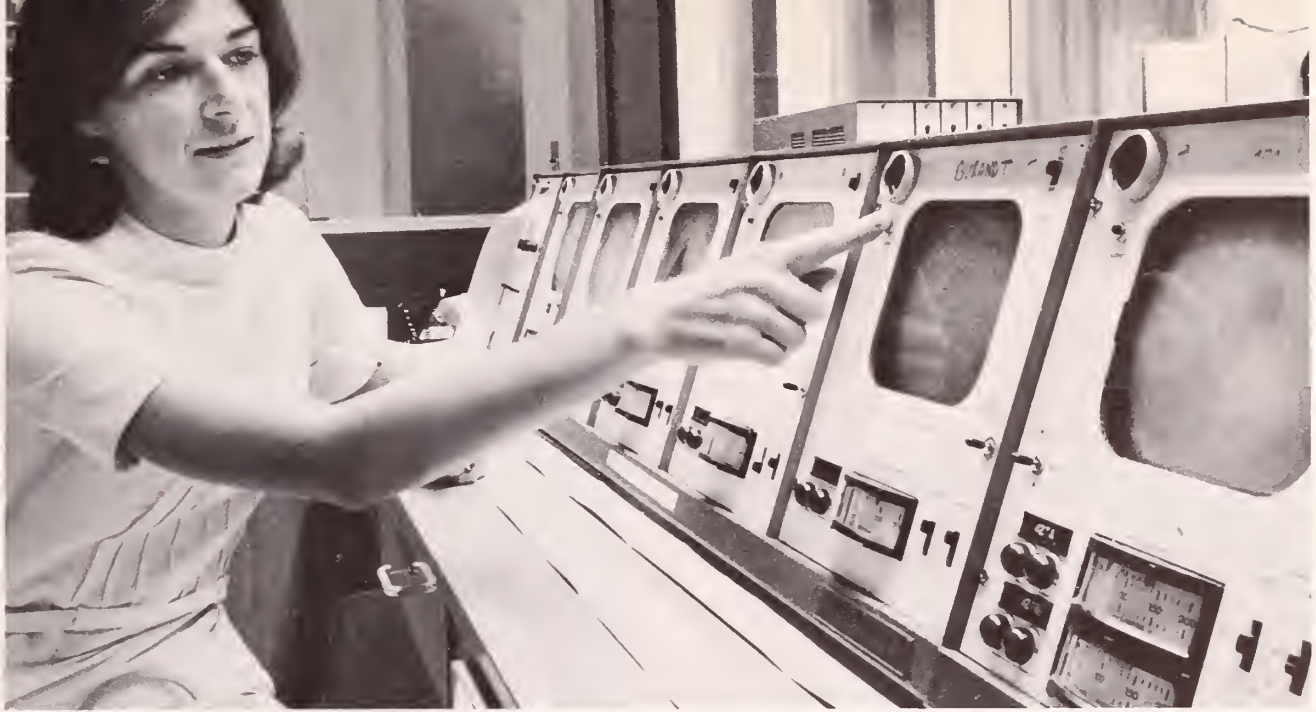
higher rates did no more than bring the stipends for people who work in hospitals up to the community level. Perhaps I have belabored the point but I think it is important for people to understand the reason for the present high costs of patient care.

I have been increasingly concerned by the intemperate attacks made by "medical experts," accusing hospitals and the medical profession of gross inefficiency and a disregard of costs in providing patient care.

Any discussion of patient care in hospitals must take into consideration the vast assortment of human ills. Unlike other sectors of our society, such as education, government and business, where short-term need can be forecast with a fair amount of accuracy, hospitals, particularly large research medical centers that treat the very sick, must be manned and staffed to provide for the unpredictable ailments of the community they serve. Critics of the hospitals assume that medical care can be provided on an assembly line basis, thereby greatly increasing the number of patients served. This is not the case.

Screening patients and their ailments has always been a time-consuming process and the increasing proliferation of diagnostic procedures has, if anything, tended to make it even more so. The staff of The New York Hospital treated 33,716 hospitalized patients and had a total of 210,674 visits to its out-patient clinics during 1970. To interview and diagnose the medical problems of such a large number of patients requires considerable organizational skill. Procedures are constantly being reviewed in an attempt to improve the system.

Our federal, state and local governments have in recent years, due to a growing demand from



*Nurse watches monitors in the Paul Felix Warburg Cardiac Care Unit. Machines give instant warning of any change in the patient's condition. This scientific instrumentation for patient care saves lives but increases hospital costs.*

the public, become increasingly aware of the need to provide more hospitals and people to staff them. Anyone familiar with the resources of hospitals and medical schools should be aware that such an increase can be achieved only by massive support from the government sector. Moreover, since the problem was neglected during the rapid population increase following World War II, even with massive support it will require a substantial period of time to bring these new facilities into service.

In recent years, many books and articles have been written making unfavorable comparisons of patient care in the United States with that in Great Britain, Scandinavia and other countries. Such comparisons ought to point out that the people of these countries have little mobility and live their lives in the community where they are born and raised. This simple fact alone makes the utilization of doctors and hospitals much more efficient. In the United States, not only do we have a transient population that moves freely about the country in response to changing economic and social conditions but also, for the past twenty-five years, we have been experiencing one of the greatest mass migrations in history, as Americans left

rural areas for the great cities. As there was no planning to accommodate for this movement, the result has been a gradual deterioration of the large metropolitan areas. Not only have the medical services become inadequate but housing, education and every form of municipal service faces a crisis.

It is time for the critics of medical care to turn their attention to the larger problem of how our government can assist in the rebuilding of our urban communities. If the proper climate is provided, society as a whole will respond. It does not serve the community to talk of controls that will reduce the medical profession to mediocrity. More medical schools and modern hospitals are needed. When these are made possible, along with the rebuilding of our cities, the critics of present day medical care will have little to complain about.

The Board of Governors is confident that the awareness of the public to these problems will have a favorable result. In the meantime, we will need the support of our community to carry on the service to which The New York Hospital has been dedicated for the past two hundred years, the care of the sick and advancement of medicine.

# *Report of the President of the Medical Center*

---

E. HUGH LUCKEY, M.D.

As The New York Hospital reaches the end of its second century of service, it has a unique vantage point from which to look both forward and back. One thing stands out above all others: although hospital medicine has changed drastically over the years, people have changed even more.

The public attitude, in fact, has done an about-face. Hospitals, by and large, were aloof institutions. The better ones were involved in research, training and healing. Places like The New York Hospital, always in the vanguard of medical progress, tended to concentrate on patients with the more complicated conditions. Often the charity patients it picked were those from which it could learn the most, from which medicine as a whole could most benefit. The public had considerable awe of hospitals. In the minds of most people even a half century ago, hospitals were places where you went in extremis. A hospital was looked upon as a last resort.

No longer.

In 1971, the hospital is frequently the first resort. Its emergency rooms have largely replaced the general practitioner, especially in large cities like New York. With the decline of the house call, more and more people are turning to the nearest hospital for everything from the common cold to a heart attack. And The New York Hospital is no exception. Its emergency room handled 31,106 patients last year.

Along with the number of patients, people's expectations of hospitals have soared. And this is understandable. As medicine has become more complex, more effective, and more costly, public tax money has become increasingly crucial. The private, voluntary, non-profit institution can no longer pay its way solely with the help of solvent patients and rich benefactors. Public money, in fact, pays half the support of teaching hospitals

today, and The New York Hospital is no exception.

With this new arrangement, people in the nineteen-seventies are demanding, and have the right to expect, more community services. They know, for example, that the last fifty years have contributed more to medical knowledge than all the preceding years of recorded history. They also know this startling accomplishment has not been matched by an equal accomplishment in the delivery of health care. As people hear about the great discoveries and possibilities of modern medicine, they do not understand why everybody can't benefit from that knowledge immediately.

In an effort to bring this about, the government in the Sixties enacted Medicare, Medicaid, Heart, Cancer and Stroke legislation and a Comprehensive Health Planning Act. As a result, millions of people who had never had access to medical care before, except at charity clinics, now demanded such care. For the first time the public had the means to pay for it. Consequently, shortages in facilities and personnel became acute. Costs went up even faster, and some retrenchment became necessary. However, the "crisis" this created was probably, in the long run, a healthy one. It pointed up the needs, and accelerated the action, to do something about creating more facilities, more personnel, more training, and more adequate financing.

Although everything that is done at The New York Hospital represents community service, the populace served now views "community" involvement in a new perspective. The New York Hospital has been doing everything possible to meet those community needs and expectations. Under the direction of Dr. George Reader, a Committee on Community Health Planning was created which has already embarked on a number of local



*Portrait of Dr. Samuel Bard,  
a distinguished physician of the city in colonial days,  
whose address in Trinity Church on May 16, 1769,  
led to the founding of The New York Hospital.*

projects. The Hospital is planning many more.

One of the projects was QUALICAP (Queensbridge, Astoria, Long Island City Community Action Program). It is now almost two years old. Located in Queens, the clinic is in one of the city's poorest neighborhoods and has the second highest welfare rate in the borough. It has no comprehensive clinics, no child health stations,

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and almost no private physicians. Although the area is within sight of The New York Hospital, four miles away, transportation is such that it would take a patient up to an hour to go there. Consequently, it was decided that the most needed service QUALICAP could offer would be in the field of mother and child care. As a result, the Clinic now dispenses family planning, obstetric and gynecological services, and care of children up to one year of age. Services will be expanded as quickly as feasible.

Another satellite clinic to extend hospital-based care into the community was launched last January at the Stanley Isaacs Community Center at First Avenue and 93rd Street, in Manhattan. The Clinic serves primarily residents of two large housing projects, the Stanley Isaacs House and the John Haynes Holmes House. Occupants are mostly of low income, and about two-thirds are persons over 65 years of age. Discussions are under way to extend these services.

No one will deny that the medical contributions of The New York Hospital to the health of the city, the nation, and even the world, have been momentous in the past, and will continue to be so. On the other hand, it is equally obvious that the public today is demanding something more. They want local involvement. They expect more awareness, on the part of great institutions like The New York Hospital, of the social and health problems of their neighborhood. The day of aloofness, however fruitful, is over. That is the message that comes through clearly in this decade. And that is the message that must be heeded, without impairing any of the high standards of teaching, research, and patient care this institution established, during its long career. By so doing, the achievements of The New York Hospital will be even greater.

# Report of the Director

DAVID D. THOMPSON, M.D.

A two hundredth birthday of a hospital is a rarity in this country. Indeed, The New York Hospital is the oldest hospital in New York State and the second oldest in the country. Thus the early records of the Hospital are nearly unique in describing hospital care during the past. It therefore seems worthwhile to present a brief description of the changes in the Hospital over the two centuries of its existence. An analysis of where we've been will help us in charting our course for the future.

In the last two centuries there has occurred what has amounted to a revolution in the practice of medicine. Equally, there has been a revolution in the means of delivery of health care and in the

scope of health care which the public demands. In spite of all the changes that have occurred, one can discern, through this dramatic and colorful history, recurrent themes and problems: the need for constant change in the Hospital's physical facilities to keep pace with advances in medical treatment; continuously expanding need for professional and auxiliary personnel to administer that treatment; and, running through the entire record, the unending search, sometimes bordering on the desperate, to find the financial resources necessary to the Hospital's function.

The Hospital no longer, as indicated in the "Abstract" of 1787, incurs "heavy expenses for wines and spirits"; it has been many years,

*This excerpt from the first printed report of The New York Hospital shows an operating loss.*

## ABSTRACT of the ACCOUNTS of the NEW-YORK HOSPITAL, being a Summary of the Receipts and Expenditures, from the 31st of the first Month, 1797, to the 31st of the first Month, 1798.

Dr.							Cr.
To Balance due sundry Persons from last Year, - -	£.	s.	d.				
To Household Expenses, - £2759 17 4½							
To Servants Wages, 785 19 4							
To Wine, Spirits, &c. 294 11 6							
To Medicines, Sweet Oil, Limes, &c. 343 11 3							
To Wood and Coals, 549 2 9							
To Books, &c. for the Library, 77 4 11							
To Sundries for Repairs, 573 1 0							
To Expence of Funerals, - 116 16 0							
To Cash paid the Executors of Lawrence Embrce, for Timber, &c. - - -							
	£.	s.	d.				
	5500	4	1½				
	36	4	3				
	£6957	07½					
To Balance per Contra. -	£.	s.	d.				
	1265	147½					
By Cash received for Pay Patients, 684 18 4							
By ditto for two Cows and a Calf, 15 0 0							
By ditto for Fat, - 1 7 8							
By ditto of Gerard Bancker, Treasurer to the State, - -							
By ditto of C. Miller, Harbour-Master, for Fines, pursuant to an Act of the Legislature, passed in the Year 1796, - -							
By ditto for 3 Years Interest on a Bond of the Corporation of the City of New-York, -							
By Balance due to the Treasurer, - £1193 3 0							
By ditto due to sundry Persons, as per the Steward's Account, 172 11 7½							
	£.	s.	d.				
	1365	147½					
	£6957	07½					

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indeed, since it obtained revenue from selling two cows and a calf. But the operating deficit, shown in these ancient records, is still with us and is growing.

The New York Hospital, as established by its charter in 1771, reflected the expanding humanitarian interests of the period and aimed to provide medical assistance to poor citizens for whom no medical care existed, who either lived with their crippling illnesses or succumbed to them. It was principally a hospital for the poor, though some patients paid a modest sum for "board" if they could afford it.

The year 1797 is the first for which there are adequate figures on the Hospital's administration. During that year the Hospital admitted 472 patients. Its professional staff consisted of 4 physicians, 5 surgeons, an apothecary, a house surgeon, a steward, matron and "servants". The total receipts for the year were 5,591 pounds sterling (\$22,364), consisting mostly of a grant from the State Treasurer, amounting to 4,750 pounds sterling (\$19,000). Only 684 pounds (\$2,736), or roughly 12 per cent, came from payments by patients.

The expenditures for the year were 6,957 pounds sterling (\$27,828), with an operating deficit of 1,365 (\$5,460), which had to be made up by public contributions. "Servants wages", which included the nursing available at the time, amounted to 11.3 percent of total expenditures. As near as can be estimated, the total amount expended by the Hospital in that year of operation would maintain the present institution for approximately five hours.

From 1792 until 1856, the Hospital received annual grants from the State, varying from \$5,000 to \$22,500. The cessation of even these small grants further endangered the Hospital's

financial structure. Some reimbursement of patient costs was secured from the U.S. Treasury Department for the care of indigent seamen who had been so certified by officers of the United State Customs.

In the 1860's the Hospital, as then organized, was no longer a viable institution. The site had been so surrounded by new buildings as to diminish its suitability. Gradual additions had enlarged it to a 500-bed capacity, more than could be supported by existing funds. During its last full year of occupation, the beds were more than half empty, and more than half of the daily average of 210 occupants were indigent seamen.

The Board complained, somewhat bitterly, in its Annual Report that it was not more hospital beds that were needed for the indigent, it was more free beds; many in need of medical treatment had to be turned away because there was no money available for their care.

However, there was one fortunate circumstance. The Hospital acreage had vastly grown in value; the obvious solution seemed to be to realize upon that investment and use the proceeds to build a new hospital in a less expensive location.

The first Hospital suspended operations on Feb. 19, 1870. After consideration of many alternate plans, the new site at 16th Street, off Fifth Avenue, was purchased in 1874 and the second Hospital opened its doors to patients in 1877 with a capacity of approximately 250 beds.

Many changes had occurred during the first century. By 1879, the Hospital's professional staff had grown to 19 physicians and surgeons, six house staff members, and, since 1877, a training school for nurses, the pupils of which served in the Hospital. In addition there was an active outpatient department staffed by 13 physicians and

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*The New York Hospital  
at its second site, off  
Fifth Avenue;  
the 15th Street entrance.  
The buildings were  
opened in 1877.*



surgeons. During that year 1,555 patients were admitted to wards and 2,827 out-patients were treated.

The Hospital's operating expenditures had risen to \$79,831. Receipts from in-patients and out-patients amounted to \$49,401, of which over \$33,000 came from the Charity Fund, leaving an operating income of only \$16,187. The resulting operating deficit was \$63,062. Over that century the cost of salaries and wages, including those of the nursing school, had risen to 31 percent of all operating expenditures, foretelling the present situation in which the cost of salaries and wages approaches 70 percent.

However, this was not the total picture of patient care provided by The New York Hospital. The Society was operating the Bloomingdale Asylum for mental patients, a flourishing institution in the Columbia Heights area and also the House of Relief.

The closing of Park Hospital in the crowded downtown section of the city had left that area without facilities for acute and emergency care. The Governors of the Society moved to fill that need. Given possession of a vacated police station house at 160 Chambers St., they remodeled it and opened its doors on July 4, 1875. The House of Relief provided emergency care in cases of accidents and acute and sudden illness. Although some ward beds were available, the majority of

patients were treated and then sent to other hospitals for continued care. All treatment was free.

In 1884 the House of Relief moved to a new building on Hudson Street. The invaluable work of this division of the Hospital continued until 1917, when an offer was accepted from the United States Public Health Service and the Navy took over its facilities. During its last year of operation, the House of Relief cared for 1,843 bed patients, with a total of 16,144 patient days; cared for 13,778 patients in the "dispensary," with 33,033 visits; and answered 3,963 ambulance calls. Expenditures were \$75,000.

The House of Relief was, in fact, an early forerunner of what is now considered a new concept: the "satellite clinic," designed to bring hospital-based health care into the community most in need of it.

There is a further aspect of community service rendered by The New York Hospital which should not be lost in the mists of history. That was the difficult and often dangerous aid rendered to victims of epidemics which ravaged the city in former times.

In the years between 1791 and 1807, the city experienced 13 epidemics of yellow fever, losing nearly a tenth of its population. Hundreds of patients were cared for in the Hospital. During a typhus epidemic, from 1818 to 1828, the Hospital took in 300 typhus patients during each of

those ten years. In 1832 there was an outbreak of cholera; The New York Hospital took over vacant buildings in various areas of the city to establish emergency hospitals for these patients. In 1847, when typhus again hit the city, The New York Hospital set aside its entire North Building for victims of this disease, treating 1,034 patients, and achieving a lower mortality rate than any similar institution in the country.

In the infantile paralysis epidemic of 1916, it was decided not to endanger the Hospital population. Accordingly, the Administration took over the empty Orthopedic Hospital on 59th Street, and installed 120 beds in which these patients were cared for. During the city's last great epidemic, the influenza epidemic in 1918, the Hospital converted all its surgical wards to medical wards, caring for 560 patients. Several of the doctors and forty of the nurses contracted the

disease themselves, while ministering to patients under their care.

This, indeed, is an outstanding example of community service.

The original New York Hospital was built for the relief of paupers. The second New York Hospital was likewise oriented toward service of the indigent and those of very limited means. People who could afford medical care received it at their homes from their private physicians. It wasn't until the last decade of the 19th Century and the discovery of asepsis that people of means took advantage of the specialized medical care that hospitals could offer. Private rooms were prepared for their reception and for the first time "private patients" contributed to the Hospital's receipts.

The gradual introduction of third-party insurance, such as Blue Cross, in the first half of the

*Appointment desk at one of the out-patient clinics. Excellent, convenient ambulatory care is an essential ingredient of total health care services.*



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century, plus the recent addition of Medicare and Medicaid, has placed most of the hospital patients into the "private" category. Yet this by no means indicates that the quality health care we know how to deliver is reaching the great mass of Americans.

In this richest country of the world, people are no longer resigned to live with their illnesses and disabilities, or to die of them, when remedies are available. Health care is now deemed a right, not a privilege. Yet the cost of such care is often far beyond personal means. In a sense, we have come full circle; we are, once again, a nation of whom the majority are medical paupers.

This serious problem is one which is engaging the attention of the entire nation. It falls into two broad categories.

First, how can good health care for all be financed? Some plan must be evolved to embrace the entire population; at present numerous proposals are under discussion. It is not known at this writing what mechanism will eventually be developed, but it seems certain that some form of insurance will be made available to all citizens protecting them against the rising cost of illness.

The second aspect of the problem is finding a means of providing health care, in terms of manpower and facilities, of uniform quality throughout the nation. At present we have islands of excellent health care scattered through large areas where care is at most inadequate and, in some areas, virtually nonexistent. It will take medico-social engineering of a high order to solve these problems in the coming decades.

Perhaps, in the past, too much reliance has been put on hospitals as the prime source for care of the ill. The role of the acute, general hospital in the health care scheme was aptly described by the Board of Governors of the New York Hos-

pital in their Report of 1797:

"Persons labouring under incurable Decrepitude, or long continued Ailments of any kind, are considered as fitter Objects for an Alms-House than for this Hospital, which is properly an Infirmary for the reception of such Persons as require Medical Treatment and Chirurgical (surgical) Management..."

The need for general, acute care hospitals, such as The New York Hospital, with its auxiliary arms of teaching and research, will continue to exist. Unfortunately, there is every likelihood that the cost of operation of such a hospital will continue to increase. However, the cost of the total health care bill can be reduced if the acute care hospital has as co-partners in the health care team facilities to bring to all citizens these essential services: adequate practice of preventive medicine; immediately available, high-quality ambulatory treatment; provision for intermediate and convalescent care; and institutions especially structured to serve those with chronic ailments. Lack of institutions in the last two categories often means that the high-expense, acute care hospital facilities are employed for patients whose medical needs do not require them.

The distinguished personages who founded The New York Hospital would scarcely believe their eyes if they visited it today. Even fifty years ago, few of the Hospital could have envisaged such medico-economic devices as hospital insurance and Medicare. While it is impossible to predict what the future holds, one can say with certainty that The New York Hospital, with its two centuries of experience in problem-solving in the health care field, and its humanitarian dedication to the relief of the ill and the distressed, will continue to make its unique and invaluable contribution in the years that lie ahead.

# *Report of the President of the Medical Board*

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DAVID D. THOMPSON, M.D.,

The professional staff of The New York Hospital, during its first full year of operation in 1792, consisted of nine doctors and an apothecary. It is hard to realize that these practitioners did not have as tools such basic devices as a thermometer for taking the patient's temperature, the stethoscope, facilities for taking blood pressure, or knowledge of auscultation, the interpretation of sounds given off by tapping various organs, particularly the heart and lungs.

The first medical records noting the number of patients and types of illness appear on a simple summary sheet of patients admitted to The New York Hospital in 1797. Most of the "Diseases" listed would not appear in modern records. They represent in large measure symptoms of illnesses whose etiology and pathology were largely unknown at the time. The major killers today such as cardiovascular diseases and cancer are hardly discernible in the 1797 list. In part this reflects the population that was admitted to the Hospital in those early days. The majority of the patients were young adults, males outnumbering females by about four to one. The Hospital population was largely medical and surgical. There is a notable absence of obstetrical and pediatric patients and only five psychiatric patients diagnosed as mania and melancholia.

Of interest is the outcome of the illnesses in the 578 patients treated in the Hospital in 1797. Fifty-seven or 10 per cent died in the Hospital. In contrast, 296 or 51 per cent were discharged "cured". One might question the cure rate as, for example in the instance of patients with syphilis. Of the 127 patients admitted for this disease, 76 were discharged as "cured". In those pre-antibiotic days one suspects that some of these 76 returned at a later date with tertiary syphilis. Be that as it may the record shows that most of the

patients walked out of the Hospital.

The changing practice of medicine over the past two centuries is reflected in the medical records. An article written in 1937 by Miss Helen B. Lincoln, former Head of the Medical Records Department, describes the evolution of the record system.

The first detailed histories were recorded in a leather bound volume dated 1808-1833. These case histories included a collection of unusual surgical cases. Some of these are described in detail in the book "Surgery at The New York Hospital One Hundred Years Ago" by Eugene H. Pool and Frank J. McGowan. When one recalls that many of the operations were performed before general anesthesia was discovered and when the status of the patient was assessed by the fullness of the pulse it is remarkable that so many of these patients were restored to health.

Commencing in 1809 a "Medical Register" was kept and in the same year a list of patients admitted to the Lying-In Ward was recorded for the first time. The first obstetrical patients were admitted to the Hospital in 1801 following an affiliation agreement between The New York Hospital and the New York Lying-In Hospital.

The beginning of permanently kept records on all patients in the Hospital dated from 1840. "According to the By-laws of The New York Hospital, it is the duty of the senior walker to keep a record of all the cases in that department of the House to which he is attached." The recording of vital signs first appeared in 1866, following the invention of the thermometer, and the first record sheet, "Temperature, Pulse and Respiration," was introduced. During the next twenty years a recording of family history and elements of a physical examination began to appear in most records.

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In 1898 special printed sheets took the place of writing notes in a record book. With the introduction of the Bellevue System of Diagnostic Evaluation in 1914 the case records were bound into volumes and coded according to diagnosis. When the present Hospital opened in 1932 the unit record was adopted, providing a system whereby all data pertaining to each patient is filed together.

The increasing size of the medical records, reflecting the increased complexity of patient care, threatens to outgrow the confines of the Hospital. One can only hope that new technology including advanced data processing and computerization will become a reality before we are completely inundated by massive records which rival the weight of the subjects they describe.

The professional staff of the Hospital today approximates 1300 attending physicians and surgeons, with a house staff of 350. The patients whom they treat are the beneficiaries of two centuries of medical progress eclipsing thousands of centuries which preceded it.

It is impossible to summarize these advances in limited space but one must mention such milestones as the development of anesthesiology, starting in 1847; the introduction of antiseptic procedures in the 1890's; radiology, at the turn of the century; the gradual elimination of epidemic diseases through advances in public hygiene and development of vaccines; and during the present century, the transfusion of blood and blood components, and the discovery of antibiotics.

Today, much is known about hormones, allowing treatment of patients with endocrine disorders. The heart-lung machine has made possible remedial surgery never before envisioned. The technique of kidney transplants has become estab-

lished and there is the possibility of successful transplantation of other organs in the future. The electronic microscope and the technique of tissue culture have made possible new knowledge of cells and their function; there can even be glimpsed, on the horizon, production in a test tube of life itself.

All of this vast progress means that the practice of medicine has drastically changed during the past two centuries. Today, formerly fatal diseases are no longer fatal; many no longer even exist, except as rarities. Unfortunately, this progress does not mean that people no longer become ill; nor that they no longer suffer untimely death from problems for which we have not yet found the solution.

Today, despite our vast array of equipment and know-how, the medical profession faces challenges second to none in human history. When will we read the riddle of cancer? How can we get to the root of cardiovascular disease? Will the expanding science of genetics lead to answers for the congenital diseases which loom ever larger in the ills of mankind? Will we make real progress in the treatment of such chronic ailments as arthritis; can we make longer life-spans more rewarding by reducing the disabilities associated with aging?

These are just some of the questions which face us as we enter our third century. With dedication, perseverance and public support, some of the answers may come within our reach.

\* \* \*

Changes in the Professional Staff of The New York Hospital during the year 1970 were as follows:

**New Appointments:** During 1970, the following Consultants were appointed: Dr. Paul F.

*Account of the Number of Patients admitted in the New-York Hospital,  
from 31st January, 1797, to 31st January, 1798.*

DISEASES.	Remaining 31st Jan. 1797.	Admitted from 31st Jan. '97, to 31st Jan. '98.	Total.	Cured.	Relieved.	Discharged by De- fire.	Eloped and dischar- ged disorderly.	Died.	Remaining 31st Jan. 1798.
Amenorrhœa, -	1	4	5	2			2		1
Atrophia, - - -	1		1						1
Ascites, - - -	1	15	16	9	3		1	3	1
Burns, - - -	1	3	4	3					
Cancers, - - -	1	1	2	1	1				
Diarrhœa, - - -	1	7	8	5	1				2
Febris Intermit, -	3	37	40	27			3	9	1
Frozen Limbs, -	12	19	31	13	2	5		2	9
Fractures, - - -	5	16	21	9	3			2	7
Gonorrhœa, - - -	1	6	7	3			2	2	
Mania, - - -	4	18	22	4	5	1	1	2	9
Melancholia, - - -	1		1		1				
Ophthalmia, - - -	1	5	6	3			1		2
Palsy, - - -	1	2	3	1	2				
Phelm, - - -	1		1	1					
Pthifis Pulmon. -	1	5	6		2	1		3	
Pneumonia, - - -	11	48	59	24		2		13	20
Rachitis, - - -	1		1	1					
Rheumatism, - - -	5	37	42	24	9		4	1	4
Schrophula, - - -	2	3	5	3			1		1
Syphilis, - - -	24	103	127	76	15	1	11	1	23
Tumor, - - -	1	2	3	2					1
Ulcers, - - -	21	68	89	39	10	1	13	3	23
Wounds, - - -	5	13	18	15	2				1
Apoplexy, - - -		2	2					2	
Anasarca, - - -		6	6					5	1
Asthma, - - -		1	1					1	
Colica, - - -		2	2	1				1	
Cataract, - - -		2	2	2					
Catarrh, - - -		1	1						1
Dislocations, - - -		2	2	2					
Dysentery, - - -		5	5	3	1			1	
Dyspepsia, - - -		5	5		1			2	2
Fistula, - - -		4	4	1	1			1	1
Gravel, - - -		2	2	2					
Hemoptifis, - - -		1	1	1					
Herpes, - - -		2	2	2					
Hepatitis, - - -		2	2	1			1		
Luxation, - - -		9	9	9					
Lumbar Abscess, -		2	2			1		1	
Sciatica, - - -		1	1	1					
Scorbutus, - - -		1	1				1		
Tinea Capitis, -		1	1	1					
Typhus, - - -		8	8	5	1			2	
White Swelling, -		1	1						1
	106	472	578	296	60	12	41	57	112

**R E C A P I T U L A T I O N .**

Patients Remaining in the Hospital 31st January, 1797, - - - - - 106  
Admitted from the 31st January, 1797, to 31st January, 1798, 472

Discharged.—Cured, 296

Relieved, 60

By Desire, 12

Disorderly and Eloped, 41

Died, 57

Remaining in the Hospital 31st January, 1798, 112

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DeGara, Pediatrics; Dr. John E. Dietrick, Medicine; and Dr. John T. Ellis, Pathology (W.D.) Dr. William S. Howland and Dr. Olga Schweitzer were appointed Attending Anesthesiologists.

In the Department of Medicine, Dr. Edward H. Ahrens, Dr. Charles Christian, Dr. Vincent P. Dole and Dr. Atallah Kappas were appointed Attending Physicians, while Dr. William S. Clark was appointed Associate Attending Physician.

Dr. Nancy Holland was appointed Attending Pediatrician; Dr. Frederick C. Green and Dr. Denis R. Miller were appointed Associate Attending Pediatricians. Dr. Roy Hertz was appointed Attending Obstetrician and Gynecologist.

Dr. Alfred Baldwin was appointed Attending Psychologist in Psychiatry; Dr. Helen S. Kaplan was appointed Associate Attending Psychiatrist.

Dr. Morton A. Meyers and Dr. Melvin Tefft were appointed Associate Attending Radiologists. Dr. Lawrence B. Senterfit was appointed Director of the Laboratory of Microbiology.

**Promotions:** The following were promoted to the position of Associate Attending Physician: Dr. Seymour Advocate, Dr. Lucien I. Arditi, Dr. George O. Clifford, Dr. Robert E. Eckardt, Dr. Henry R. Erle, Dr. Martin Lipkin, Dr. Ernest Schwartz and Dr. A. Lee Winston.

Dr. Herbert L. Erlanger was promoted to the position of Associate Attending Anesthesiologist. Dr. Jerome B. Posner became an Attending Neurologist and Dr. John E. Lee an Associate Attending Neurologist. Promotion to the position of Associate Attending Obstetrician and Gynecologist was attained by Dr. Irwin R. Merkatz and Dr. John T. Queenan.

The following became Attending Pediatricians: Dr. Peter A. McF. Auld, Dr. Edmund N. Joyner

III, and Dr. Myron Winick. Dr. Kathryn H. Ehlers and Dr. Margaret T. Grossi became Associate Attending Pediatricians. Dr. Carl G. Becker and Dr. C. Richard Minick were promoted to be Associate Attending Pathologists.

Dr. Eric T. Carlson and Dr. James F. Master-son were made Attending Psychiatrists while Dr. James E. Baxter and Dr. Peter G. Wilson became Associate Attending Psychiatrists.

Dr. John C. Whitsell II became an Attending Surgeon; the following became Associate Attending Surgeons: Dr. Richard M. Bergland, Neurosurgery; Dr. Jack H. Bloch and Dr. Russell W. Lavengood, Jr., Urology. Dr. Florence Chien-Hwa Chu was promoted to be Associate Attending Radiologist.

The following positions were terminated: Consultants: Dr. Clarence C. Hare, Neurologist in Psychiatry; Dr. Franklin Squire, Orthodontist in Psychiatry; and Dr. Lewis C. Wagner, Orthopedist; Dr. Charles L. Burnstein and Dr. George R. Monahan, Associate Attending Anesthesiologists; Dr. David M. Roseman, Associate Attending Physician; Dr. Lester Sobel, Associate Attending Pathologist; Dr. Philip Lanzkowsky, Associate Attending Pediatrician; Dr. Richard J. Fleming, Associate Attending Radiologist; and the following Associate Attending Surgeons: Dr. Robert S. Hotchkiss, Urology, and Dr. Herbert Parsons, Neurosurgery.

The Medical Board records with sorrow the deaths of Dr. William Cooper, Attending Surgeon, Orthopedics; Dr. Dan M. Gordon, Attending Ophthalmologist; and the following Consultants: Dr. Oscar Glassman, Obstetrics and Gynecology; Dr. James Harrar, Obstetrics and Gynecology; and Dr. Louis Weymuller, Pediatrics.

# *Anesthesiology*

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In 1846, just 75 years after The New York Hospital was founded, a new age in medical and surgical care began; the introduction of modern anesthesia. The first operation performed under ether took place in Massachusetts in October, 1846. On Nov. 21 and again on Dec. 19 of that same year, ether was used in operations at The New York Hospital. On April 17, 1847, Hospital surgeons successfully used ether during the amputation of an arm, noting in their records that the effect lasted for the duration of the operation. A month later, chloroform was used during a procedure to reduce dislocation of a patient's shoulder. This was just three months after chloroform had been used anywhere in the world.

These dates mark the beginning of a new era in which surgical skills could be used for the benefit of the patient without the stringent limitations imposed by pain. Since the dawn of time, man had sought for some such technique. Various combinations of derivatives of alcohol, hemp and poppy were used over the centuries but they were not effective enough for the purpose; some people preferred to face death rather than the ordeal that surgery represented.

The introduction of anesthesia made possible the whole development of modern surgery as it is known today. The crude techniques of the early days were rapidly refined by the development of new substances and new means of administering them to the patient. Some of the milestones were the achievement of effective local anesthetics in 1894; the invention of machines for reliable control of the administration of the anesthetic agent, after the First World War; and monitoring the patient's respiration and blood pressure while under anesthesia, a development of the 1920's. By the 1930's, such anesthetic agents as ethylene, divinyl oxide, cyclopropane and sodium pentothal

were available and in use. During this period anesthesiology gradually became a recognized medical specialty. From 1946 to 1958, The New York Hospital maintained a Section of Anesthesiology in the Department of Surgery; in 1958 the autonomous Department of Anesthesiology was established.

Under the leadership of Dr. Joseph F. Artusio, Jr., Anesthesiologist-in-Chief, many important contributions to the field have evolved at The New York Hospital. One such was the concept of the use of light levels of anesthesia, as opposed to the deep levels previously thought necessary. The deep levels of anesthesia caused circulatory and respiratory depression, dangerous for many patients during lengthy operations and life-threatening for patients with heart difficulties. The new technique of light anesthesia, under which the patient feels no pain, has no memory of the procedure, but is not in the fullest sense of the word unconscious, made surgical assistance available to the patient with a weakened heart. Dr. Artusio's historic paper on this technique in a series of 115 patients was published in 1954.

In 1960 Dr. Artusio and Dr. Alan Van Poznak developed one of the first non-flammable anesthetic agents. Called Methoxyflurane (penthane) it is now in use throughout the world.

The role of the anesthesiologist in the Hospital today is much more diversified than in former years. He makes the definitive choice of the form of anesthesia best suited to the surgical procedure planned for the patient, in light of the patient's own needs. During the operation, it is his responsibility to monitor and support the patient's life functions. He assists patients in the Recovery Room, not only in keeping open breathing passageways but also in prescribing intravenous injections to maintain the proper balance of fluids

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*Among the responsibilities of the anesthesiologist is support of the patient's life functions during surgical procedures.*

and life-essential substances in the patient's blood stream.

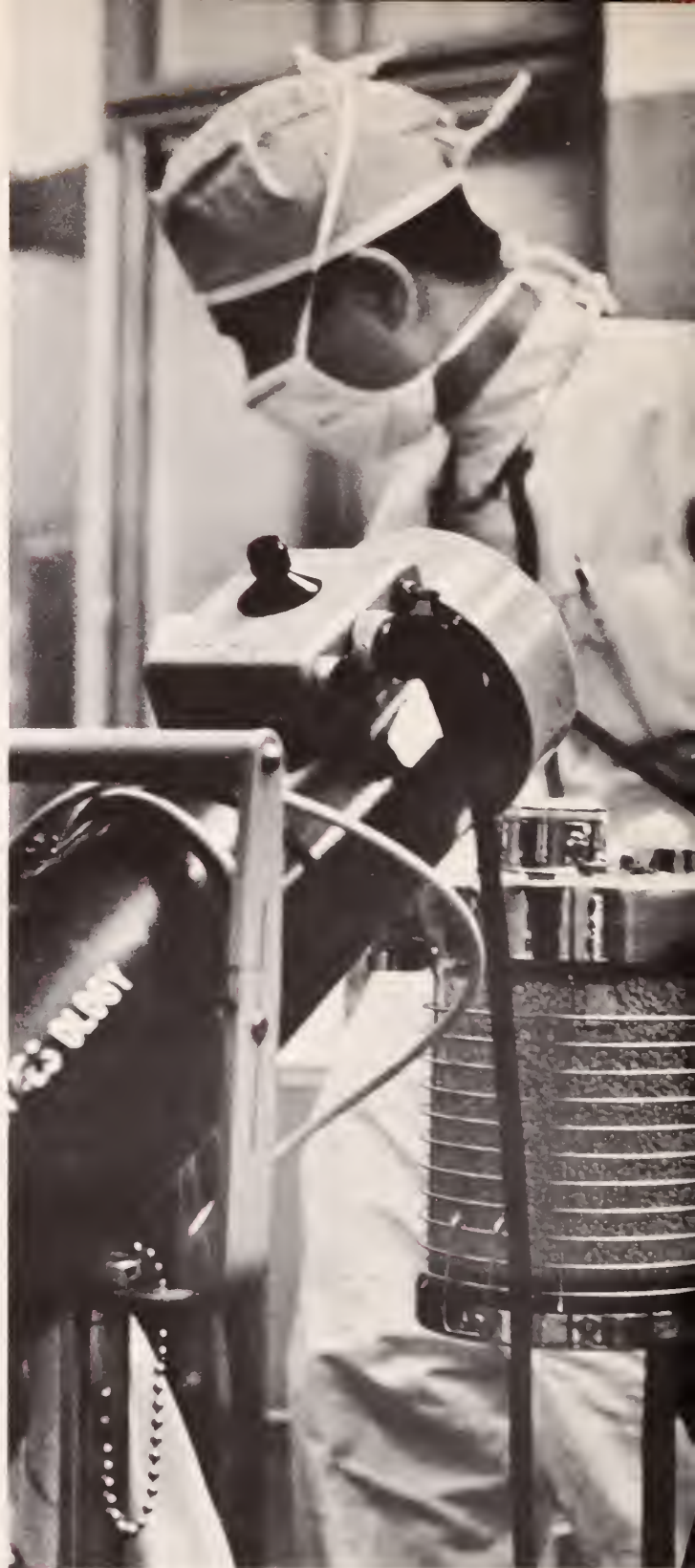
He is also often called in as a consultant in any case of respiratory difficulty and is a recognized authority on the control of pain. He assists both physicians and surgeons in instances where institution of a nerve block may define a pain pathway.

The increasing importance of the Department of Anesthesiology in its role in acute medicine is shown by the number of anesthetic procedures carried on in recent years. No records were preserved before the establishment of the present Hospital in 1932. At that time the service consisted of one physician, supervising four graduate nurse anesthetists. The number of procedures performed that year were 2,667.

The present Department of Anesthesiology consists of 35 Attending Anesthesiologists in the various ranks, 25 Anesthesiologists on the House Staff and 10 Graduate Nurse Anesthesiologists. During 1970, there were 19,230 procedures performed, approximately three-quarters of them under general anesthesia; the remainder were under local anesthesia.

What does the future hold in anesthesiology?

Dr. Artusio expects continuing refinement of techniques, as has occurred in the past. Further than that, he envisions a day in which physicians will have new understanding about pain and how to relieve it. So far they really do not know what mechanism produces depression of neural activity; neither do they know why certain compounds, injected into the blood stream or inhaled, produce the anesthetic state. Both of these methods are an



indirect way of affecting the nervous system. The day will come, he believes, when physicians will be able to affect the central nervous system directly, and interrupt or restore the transmission of pain sensations at will. This may be one of the accomplishments of the coming century in man's battle against pain.

# Medicine

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The history of the Medical Service of The New York Hospital might well begin with Dr. Valentine Seaman. He introduced cowpox vaccination against smallpox into the United States in 1799, one year after the studies of Dr. Edward Jenner were published in Great Britain.

The physicians and surgeons of The New York Hospital, led by Dr. Samuel Bard, were important members of the first faculty of the College of Physicians and Surgeons of Columbia University. The New York Hospital was then a refuge for the traveler, the immigrant, the homeless and for seamen arriving ill in port. Many were victims of acute febrile diseases or those marked by fever. Often those who sought care were suffering from such illnesses as malaria, louse-borne typhus fever, yellow fever, pneumonia and probably hepatitis. These diseases were not to be further defined until microscopy came of age.

Vigorous therapies were employed to effect a cure. These included blistering and bleeding and the use of purges and cathartics and heavy metals to the point of ptyalism or heavy salivation. A few more gentle prescriptions provided a "pint of ale" each day or equal quantities of brandy and tincture of opium for diarrhoeal diseases. Sailors who arrived after long sea voyages were often found to have scurvy. The therapy outlined, fresh fruits and juices, was quite appropriate.

The physicians still practiced largely by inspection. The laying on of hands came later. When percussion (the striking or tapping of a part of the body for diagnostic or therapeutic purposes) and auscultation (the act of listening, either directly or through a stethoscope or other instrument, to sounds within the body, as a method of diagnosis) were introduced, they were not adopted without some opposition.

Student training was an early feature. In 1836

the first student at the bedside had the title, "Senior Walker." In this capacity he was permitted to make notes in the "Case Book." While his other duties are unknown, his industry and skill must have impressed his superiors, for he was later appointed "House Physician."

The transition from a Hospital Medical Service to a Medical College Department was due in large measure to Dr. Lewis Atterbury Conner. He was a scholar who wrote precisely and was perhaps the only New York physician to contribute to Dr. William Osler's renowned textbook, "Principles and Practice of Medicine."

Dr. Conner performed the first lumbar puncture in America sometime after 1895 in the Hudson Street Dispensary. Dr. Conner was a lifelong student of heart disease. He founded the American Heart Association and was the first Editor of the American Heart Journal. He was Chairman of the Department of Medicine from 1916 to 1932.

Dr. Conner was succeeded by his colleague, Dr. Eugene Floyd DuBois, until then Director of the Russell Sage Institute of Pathology at Bellevue Hospital. Dr. DuBois made the pioneer studies in metabolism on this continent. Associated with him in his laboratory were a long list of academicians including Dr. David Preswick Barr, who in 1941 succeeded his teacher, Dr. DuBois, as Chairman of the Department of Medicine. The line is completed to the present incumbent by Dr. E. Hugh Luckey, Vice-President for Medical Affairs of The Society of the New York Hospital. Dr. Luckey, a resident under Dr. Barr, succeeded to the Chair upon the latter's retirement.

The calorimeter, an apparatus for measuring quantities of heat, which Dr. DuBois used in his early studies at Bellevue Hospital, was later



*A Grand Rounds meeting of the Department of Medicine, addressed by the Physician-in-Chief and a guest lecturer.*

placed in The New York Hospital pavilion which is named in his honor. A vivid picture recalled by Dr. DuBois' colleagues is that of the distinguished investigator climbing into the calorimeter to pursue his studies, particularly of fever, a subject which had long interested him. The classic studies which Dr. DuBois and Dr. Warren Coleman made on the feeding of patients with typhoid fever, rather than starving them, resulted in reducing the mortality rate well in advance of the antibiotic era.

A large volume of data on hyperparathyroidism is due to Dr. DuBois' study of Captain Martell, the first patient so characterized in North America, and the model for future studies. In those days Dr. Ephraim Shorr developed the endocrine laboratories where the studies he conducted included those of the first sex hormone preparations. He used as a guide to management Dr. George Papanicolaou's technique which was later adapted to detect cancer.

Dr. Henry Richardson, one of the early students of metabolism, began the first studies of psychosomatic illnesses which were later pursued by Dr. Harold Wolff. Dr. Harold Stewart, who directed the Cardiac Division for almost thirty years, contributed to the advancement of cardiology through his classic studies of digitalis, the cardiac output and his many electrocardiographic and other studies. In the mid 1930's Dr. Stewart joined Dr. George Heuer in the first cardiac surgery, resection of the pericardium.

The vigor of those early years continued under Dr. Barr who began the early studies in lipid metabolism and the production of arteriosclerosis. Dr. Luckey's continuing interest in the uremic state and the development of extracorporeal dialysis led to the beginning of today's kidney transplant unit at The New York Hospital.

Today the department continues to advance the science of medicine. There are many recent significant developments and contributions. They are

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as diverse as are the total medical needs of the patients the department serves.

In the Division of Allergy and Immunology, headed by Dr. Gregory Siskind, progress has been achieved toward the preservation of bone marrow for transplantation. Among the major developments in the Division of Ambulatory and Community Medicine, directed by Dr. George Reader, was the enlargement of the Health Maintenance Program in which Clinical Nurse Specialists monitor patient progress while under treatment. Extension of medical care into the community through the QUALICAP program resulted last year in the division's staff physicians making over 70,000 patient visits in the program's clinics, including 3,400 maternity visits and 170 pediatric visits.

An increasing number of patients is being cared for in the Paul Felix Warburg Cardiac Care Unit, headed by Dr. Thomas A. Killip, Director of the Division of Cardiology. The electronic surveillance and expert intensive medical and nursing care provided in this Unit have significantly reduced the mortality rate for patients suffering from myocardial infarction or severe or complex cardiac arrhythmias.

It is hoped that further studies of the physiological and metabolic alterations incident to such cardiac disorders will provide new avenues of management which would reflect a still greater decline in the mortality rate. Among the intensive investigations conducted by Drs. Robert S. Ascheim, Stephen S. Scheidt and Killip, and directed toward this goal, is that of shock in these patients, a phenomenon that contributes strikingly to the mortality rate.

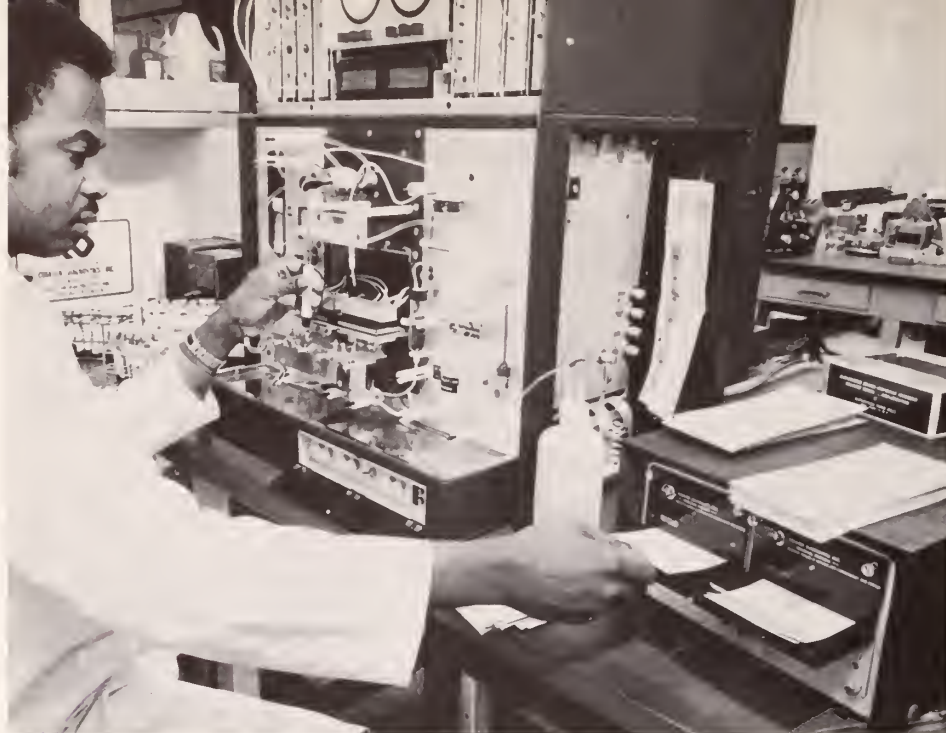
The Division of Cardiology's teaching programs for students, nurses and house staff further strengthened the Hospital's ability to provide ex-

pert care for all cardiac emergencies.

Members of the Division of Dermatology, directed by Dr. Farrington Daniels, Jr., are in the forefront in the further development of cryosurgery for the treatment of skin lesions and tumors. Today continuing improvements are being made by Dr. Douglas Torre in the model equipment developed by him in 1965 which helped to simplify the application of liquid nitrogen, a cold source for cryosurgery that is especially useful for the removal of multiple small tumors, both benign and malignant. The division, which continues to expand its services to both in-patients and out-patients in The New York Hospital, last year established an out-patient clinic at the Memorial Sloan-Kettering Cancer Center.

The department is keeping pace on a broad front with the amazing developments made possible by the technologic age which can be adapted to help physicians provide precise diagnoses and methods of treatment. For this purpose a system is being developed by Dr. Ralph L. Engle, Jr., to put computers to work to serve the clinical laboratories of The New York Hospital and The Hospital for Special Surgery. Dr. Engle, Director of the Division of Medical Systems and Computer Science, is also testing various computer models for on-line diagnosis employing a teletype terminal linking the Hospital to the National Institutes of Health and their computer. This computer is programmed for the diagnosis of thirty-five blood disorders.

Many patients with kidney diseases and high blood pressure are now being successfully treated as a result of medical advances made in the past 15 years. The care of these patients comes under the supervision of Dr. E. Lovell Becker and Dr. Henry Heinemann in the Division of Nephrology, headed by Dr. Becker. Special studies carried out



*A technician in the Clinical Hematology Laboratory operates a machine which separates blood samples into their components and performs a complete blood count on each.*

in the division's laboratories are directed toward making further inroads against these insidious diseases.

To help restore patients to active and useful lives, the Division of Physical Medicine, directed by Dr. Willibald Nagler, each year extends its services to a larger number of both in-patients and out-patients. In 1970 the division provided nearly 20,000 treatments and approximately 5,000 functional occupational therapy sessions for patients. The division also provides its services to patients in the DeWitt Nursing Home where a daily census of 80 to 100 patients come under its supervision.

Extensive equipment for monitoring patient care is available to patients with complex pulmonary problems who occupy the Intensive Respiratory Care beds in the Paul Felix Warburg Cardiac Care Unit. All nurses assigned to the Unit have had training in respiratory care nursing as well as in cardiovascular and coronary care. The medical care of pulmonary patients is under the overall guidance of Dr. Carl Muschenheim, Director, Division of Pulmonary Diseases, and includes the Pulmonary Diseases Clinic under the supervision of Dr. Susan Hadley.

During the past year the Division of Human Genetics under the direction of Dr. Alexander Bearn, Physician-in-Chief, has continued its clin-

ical and research activities. Patients suffering from a variety of genetic disorders have been studied clinically as well as by laboratory tests. Dr. Hartwig Cleve in association with Dr. Hideo Hamaguchi has devoted himself to the development of better methods to isolate cell membranes. Abnormalities in cell membranes are suspected to be at the root of many inherited disorders. Dr. B. Shannon Danes has continued her studies on cystic fibrosis, Marfan's syndrome and certain mucopolysaccharidoses. Studies in this laboratory have amply documented the initially surprising observation that a variety of inherited diseases can be studied in cell culture. Dr. Stephen D. Litwin has continued his studies on the genetic control of antibody systems with particular reference to the inherited agammaglobulinemias.

In the coming century the application of new knowledge to man and his health will continue to focus on improved methods of treatment and the prevention of disease. Advances in many fields of science and technology enabled medicine to progress from the vigorous therapies of "blistering and bleeding" to its great triumphs over death and disease in this century. In the twenty-first century it is hoped there will come the definitive knowledge needed to conquer the two scourges of our time, cancer and arteriosclerosis and their effects.

# Neurology

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Epilepsy, migraine, Parkinson's disease, muscular dystrophy...these illnesses that afflict mankind are a few of the many that come under the special scrutiny of the neurologists. Neurology is the medical specialty that deals with disorders of the brain, the spinal cord, the peripheral nerves and muscular function.

Of all the organs of man, the brain, shielded by the bones of the skull and sending its messages to all areas of the body, is the most difficult to observe and has been least susceptible to treatment. Though for centuries men of science were fascinated by the brain, dissecting it and drawing pictures of it, it wasn't until 1778 that the twelve cranial nerves were charted and classified. Recognition of neurology as a medical specialty began with the formation of the American Neurological Association in 1875. In The New York Hospital there existed, for many years, a very active and indeed famous Division of Neurology in the Department of Medicine, although the Department of Neurology did not become an autonomous unit until 1963.

A great name in the annals of neurology is that of Dr. Harold G. Wolff, who became head of neurology at the Hospital when the Center opened on its present site in 1932. Among the many contributions for which he became noted was his clarification of the mechanism of migraine headache. His pioneering research contributed greatly to understanding the psychosomatic processes in the body. He not only demonstrated, for example, the reactions of the stomach to emotional stimuli, but was also able to quantify them. Dr. Wolff is credited with introducing a new era of neurology by establishing the nervous system as the regulator and controller of behavior in the broadest sense, rather than limiting it generally to disturbances of skeletal muscle and sensory function.

Dr. Wolff's untimely death in 1961 was a great loss to the science of neurology.

Other neurological landmarks at The New York Hospital have included the pioneer work of Drs. Irving S. Wright and Fletcher McDowell, in the use of anticoagulants in prevention and treatment of stroke, and the important contributions Dr. Ade Milhorat has made to the understanding of muscular dystrophy. Dr. Milhorat established that this disease is accompanied by an inability of the muscle cells to store a substance called creatine; such an inability has become a standard test for confirming the existence of the disease. Dr. Milhorat is presently examining the possibility that the disease is caused by the action of viruses working very slowly over a period of years.

Under the leadership of Dr. Fred Plum, who has been since 1963 Neurologist-in-Chief of the Hospital, many important programs are in progress with the goal of preventing or ameliorating neurological disorders. The department has established an internationally known unit for the diagnosis and treatment of patients in coma. The success of the unit has been such that mortality in drug suicide attempts, for patients brought under its care, has been reduced practically to zero. The methods used have attracted wide attention through publication of the text, "Diagnosis of Stupor and Coma," written by Dr. Plum and Dr. Jerome Posner.

Dr. Plum's special interest is in factors which cause seizure, such as those experienced by patients with epilepsy. In particular, he is studying the chemical and pharmacological influences which affect the diameter of the cerebral blood vessels, a matter as important in the treatment and prevention of stroke and head pain as it is in epileptic seizures. Improved ways have been



*A teaching hospital at work. As senior physicians consult with a patient, young doctors listen and learn.*

devised to care for patients during epileptic seizures, so as to prevent brain damage. The use of anticonvulsants to aid epileptic patients is an important project being led by Dr. Henn Kutt.

Dr. Plum is also working on a long-term study of head pain, in collaboration with Dr. Henry Dunning.

Of wide current interest is the department's long-term study of the evaluation of L-Dopa in treatment of Parkinson's disease, under the direction of Dr. Fletcher McDowell and funded by the National Institutes of Health. The use of this new medication is being studied in allied diseases by Dr. McDowell and Dr. John E. Lee, with the financial support of the American Parkinson Disease Association, Inc. Dr. McDowell is also investigating the treatment of stroke patients by means of anticoagulants and special diets.

One of the very important programs is the work of Dr. Donald J. Reis, which involves the roles played by the chemicals, catecholamines, as brain transmitters in aggressive behavior.

All of these projects, so promising for neurology in the years to come, underline the great distance traveled since man first looked upon the brain as the seat of the soul and tried to cure its ills by incantations. Progress in the last three decades has been especially rapid. Since 1940

neurologists have made advances in treating all kinds of head pain. Since 1945 meningitis has become susceptible to treatment; very recently, both fungus meningitis and cancer meningitis have been successfully attacked. The year 1953 brought discovery of the polio vaccine and virtual elimination of that crippling disease. The unit for the treatment of patients in coma, launched in 1955, had led to major accomplishments in that field.

Neurologists at the Hospital are now able to treat epilepsy successfully in eighty per cent of their patients. The last decade has brought developments by which the effects of strokes can be minimized, partially treated or prevented. The introduction of L-Dopa, in 1966, serves as a guidepost for the treatment of Parkinson's disease and may well have implications for other diseases of a similar type.

What is just over the horizon? Dr. Plum believes that physicians are very close to having an understanding and treatment for serious behavior disorders, arising from chemical imbalances in the brain, and also are on the brink of evolving chemotherapy for brain tumors. The coming age of neurology promises to be as rich in rewards for the amelioration of man's ills as that of the recent past.

# *Obstetrics and Gynecology*

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Obstetrics and gynecology at The New York Hospital traces its origins to the yellow fever epidemic of 1798. The main burden of the disaster fell upon the poor of the City and especially upon the many pregnant women left widowed and destitute with nowhere to turn for help in the delivery of their babies.

An attending surgeon at The New York Hospital, Dr. David Hosack, took immediate note of this situation and decided to do something about it. The result of his concern and that of his fellow citizens was The Lying-In Hospital of New York which opened in 1799 to become the first obstetrical facility in New York City.

When financial problems forced the Hospital to close in 1800, Dr. Hosack came to the rescue with a proposal to the Governors of The New York Hospital that they join forces with The Society of The Lying-In Hospital to open a lying-in ward at The New York Hospital building on lower Broadway. An agreement was reached and an obstetrical ward opened on the second floor of The New York Hospital in 1801.

The alliance endured for 26 productive years during which the lying-in ward cared for an average of 20 to 30 women a year and provided the setting for a pioneering development in American obstetrical instruction. With the opening of the ward male medical students were allowed, probably for the first time in this country, to witness deliveries, an important step toward making bedside instruction an accepted part of obstetrical education.

In 1827 a financial dispute ended the partnership and closed the lying-in ward. For the next 101 years the two institutions went their separate ways. Lacking sufficient funds for a building of its own, The Society of The Lying-In Hospital was forced to limit its activities to providing fi-



nancial aid to needy women during their confinements.

In 1892 the Society took over operation of The New York Midwifery Dispensary, an obstetrical out-patient facility on the Lower East Side run by a group of young doctors who attended at deliveries in the surrounding tenements and gave bedside training in obstetrics to medical students.

By 1894, the Dispensary's rapidly expanding practice had created a pressing need for a well-equipped hospital building, and the Society purchased and outfitted the Hamilton Fish mansion for the purpose. Within a few years, however, demand for the hospital's services far exceeded

*Title page of book on  
obstetrics by Dr. Valentine Seaman,  
of The New York Hospital, published in 1800.*

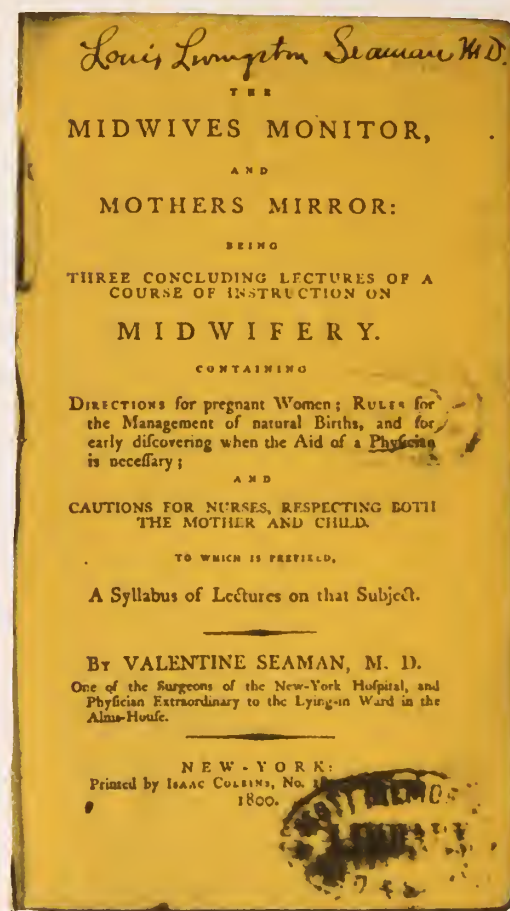
its capacity and the search for adequate facilities began again.

With the aid of a gift from J. Pierpont Morgan the Society was able in 1902 to build a large, modern, fully-equipped hospital at Second Avenue and 17th Street. The years at the new building saw much progress including establishment of a gynecological service, development of more effective delivery techniques, and the pioneering work in the United States in the use of anesthetics during labor. Meanwhile, the out-patient department continued to deliver thousands of babies at home each year with a high degree of success.

Financial problems arose again in the 1920's and the search for a solution led The Society of The Lying-In Hospital full circle to a second affiliation with The New York Hospital in 1928. Under the terms of the agreement, The Lying-In Hospital functioned as the obstetrical and gynecological department of The New York Hospital but retained the name of The Lying-In Hospital and published its own annual report until 1968. Dr. Henricus J. Stander served as the first Obstetrician and Gynecologist-in-Chief and Professor of Obstetrics and Gynecology at The New York Hospital-Cornell Medical Center.

By the end of the nineteenth century, widespread application of antisepsis and asepsis had greatly reduced the incidence of puerperal or "childbed" fever, a highly contagious post-partem bacterial infection which had been for centuries a chief cause of death associated with childbirth. Maternal mortality, however, remained a major problem and it was not until after 1933 that expansion of pre-natal care, the advent of antibiotics and blood transfusions and increasing numbers of highly-trained personnel began to lower the mortality rate dramatically.

As the risks of giving birth decreased, obste-



tricians began to concentrate more attention on the risks of being born. The complex problems surrounding the welfare of the fetus during pregnancy and delivery are currently an area of prime concern to the staff of the Department of Obstetrics and Gynecology. The department is particularly active in the area of genetics and has been seeking to prevent the birth of babies with serious genetic disorders through research, genetic counseling and increasing efforts to diagnose such disorders early in pregnancy. Early identification of high risk pregnancies and monitoring the condition of the fetus during the later stages of pregnancy are two other promising methods now used to help improve the chances for safe delivery of a healthy baby.

Although only eight to nine per cent of all babies are born prematurely, prematurity accounts for 75 per cent of all cases of infant mortality. An important part of the department's research activities are directed toward reducing this toll by finding ways to prevent premature labor.

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The pressures of the twentieth century have created an unprecedented awareness of the importance of family planning to the welfare of mother and child as well as of society. The Department of Obstetrics and Gynecology has long recognized and helped to fill the need for research and educational efforts in this field. Provision of family planning information and counseling and research in contraception are vital parts of the department's program. Though elective abortion has been added to the department's activities in the past year, the emphasis of the family planning program is upon prevention rather than termination of unwanted pregnancy, notes Obstetrician and Gynecologist-in-Chief Dr. Fritz Fuchs.

Since the days of the Midwifery Dispensary, out-patient care has been of great importance to The Lying-In Hospital. Deliveries at home are a thing of the past, but the Women's Clinic carries on the tradition of community service by providing a variety of obstetrical and gynecological out-patient facilities in such areas as prenatal care, family planning, infertility, endocrinology and high risk pregnancy. The department's latest expansion in community service is a clinic for mothers and newborn babies in Long Island City administered in cooperation with community groups organized under the name of QUALICAP (Queensbridge, Astoria, Long Island City Community Action Program).

In gynecology, as in other areas of medicine, cancer has emerged as one of the great challenges of this century. A major breakthrough in cancer research came in 1943 with the announcement by The New York Hospital-Cornell Medical Center of the Pap test for early detection of cervical cancer. Originated by Dr. George Papanicolaou of Cornell University Medical College and developed for clinical use by Drs. Herbert

Trout and Andrew Marchetti of Lying-In, the Pap test is one of the simplest and most useful tools now available for diagnosing cancer in its early stages.

The prevention and treatment of cancer remains a top priority of the Department of Obstetrics and Gynecology. Since Dr. Fuchs became Obstetrician and Gynecologist-in-Chief in 1965, the department has developed a close collaboration with the Memorial Hospital for Cancer and Allied Diseases stemming from Dr. Fuchs' conviction that "the future of cancer treatment lies in the centralization and regionalization of treatment and research."

Current research in the department has yielded a tool of great potential value in probing the nature of malignancy. With the aid of a chemical substance known as BUdR or 5-bromodeoxyuridine, Dr. Selma Silagi has been able to change tumor cells in tissue cultures from a malignant to a benign condition and back again, providing a promising means of studying the mechanisms that turn normal cells into cancer cells.

What lies in the future? Among the developments Dr. Fuchs foresees are a trend once more toward the use of trained nurse midwives "to extend the arm of the obstetrician" as the demand for his services grows, a much wider availability of contraceptives and family planning information, substantial progress toward providing every fetus with an optimum environment for growth and development, and wider research efforts in the neglected area of male reproductive function. Certainly, in the next century Lying-In will continue the tradition of concern and quality patient care that began with a small hospital for the poor and has helped over the years to make The Lying-In Hospital a leader in obstetrics and gynecology.

# Ophthalmology

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Through the initiation and development of superior diagnostic and treatment techniques to preserve and restore vision, the Department of Ophthalmology has helped to give sight to thousands of patients of all ages who suffer from various diseases of the eye. Long before the establishment late in the 19th century of ophthalmology as a distinct specialty, surgeons at the Hospital operated on the eye as well as treating numerous infections of the eye. From one of the earliest available records it was noted that two cataract operations performed in 1797 at the Hospital "cured the sight of both patients."

In the 19th, as in the 20th century, the Hospital allied itself with leading eye hospitals to further its clinical and teaching resources. Its first such alliance, which was to remain in effect for many years, was made with the New York Eye Infirmary soon after its establishment in 1820.

In 1968 a historic agreement to affiliate was approved by The New York Hospital, Cornell University and the Manhattan Eye, Ear and Throat Hospital. The combined use of facilities, medical services and teaching programs made possible by the agreement has greatly strengthened the department's ability to move forward toward yet unconquered goals in the prevention and cure of diseases of the eye. Today, as a result of this affiliation, the Department of Ophthalmology, which until 1968 was a Division of the Department of Surgery, cares for more eye patients than any other hospital in the State and is the third largest eye center in the nation.

Under the leadership and inspiration of the late Dr. John M. McLean, one of the world's great ophthalmologists, an era of unprecedented progress was launched in the division which he headed from 1941 until his death in 1968.

The first Eye Bank in the world was opened at

the Hospital in 1944 to store human corneas for transplant operations. This Bank, together with The Eye Bank for Sight Restoration, Inc., the national eye bank founded the year after Dr. McLean's pioneer work demonstrated the feasibility of such a program, set the pattern for similar eye banks throughout the world.

Many of the internationally accepted techniques as well as the instruments and sutures for the surgical treatment of cataracts and glaucoma were devised and developed by Dr. McLean. Research conducted by Dr. McLean, Dr. Miles Galin and Dr. Irving Baras led to the introduction in 1961 of a new diagnostic technique in the evaluation of glaucoma by a simplified partial vacuum method. The development of a new intravenous treatment for glaucoma, which eliminates the need for emergency surgery in many acute cases, was begun here under Dr. McLean's direction.

Two textbooks written by Dr. McLean, "The Atlas of Cataract Surgery" and "The Atlas of Glaucoma Surgery," are among the great ophthalmological reference guides of the 20th century.

The hormone, ACTH, and corticosteroids, which have revolutionized the treatment of inflammatory diseases of the eye, were researched and initiated here by Dr. McLean and his associates. Dr. McLean also was a leader in the basic development of cryosurgery of the eye, a technique using extreme cold which has proved to be especially effective in the repair of detached retinas. Today Dr. Harvey A. Lincoff and his colleagues who worked with Dr. McLean on the development of cryosurgery for retinal detachments, have further advanced this technique.

Studies made under Dr. McLean's direction in cooperation with the Department of Pediatrics contributed materially to the understanding of the nature and cause, and thus the prevention of

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retrolental fibroplasia, an eye disorder which prior to 1955 was the leading cause of blindness in premature infants in this country. It was found that the disease was caused by an improper concentration of oxygen given to infants whose prematurity or weakness necessitated their being placed in incubators.

Outstanding progress has been achieved by Dr. Edward A. Dunlap in advancing the diagnosis and treatment techniques for ocular and muscle defects. His investigations and clinical activities have contributed significantly to the restoration of normal binocular vision in strabismic, "cross-eyed", children, and to the preservation and restoration of vision in cerebral palsied children. Many of the techniques which Dr. Dunlap initiated and perfected are today in world-wide use. Dr. Dunlap, who came to the Hospital in 1941 as Dr. McLean's first resident and later served as his immediate associate, was Acting Ophthalmologist-in-Chief from 1968 to 1969.

In the past 15 years vitreous implants have contributed to the success of the surgical repair of retinal detachments and have made it possible to save the sight of patients who suffered massive vitreous hemorrhages. Vitreous is the transparent gelatinous substance which fills the eyeball behind the lens. The retina, which is the innermost layer in the eyeball is kept taut and smooth by the gentle pressure of this substance. If through disease processes the natural vitreous in the eye is depleted, blindness results unless it is replaced. While natural vitreous from human eyes is stored in The Eye Bank for Sight Restoration, Inc. and is used for vitreous implants, its supply is limited and far from adequate to meet the need.

In 1969 a major breakthrough was achieved by Dr. Albert Rubin of the Rogosin Laboratories and Dr. Donald M. Shafer, Acting Ophthalmol-

ogist-in-Chief, which promises to provide an unlimited and immediate substitute for this precious vitreous substance. As the result of investigations conducted by Drs. Rubin and Shafer, a vitreous substitute for that produced by the human eye was developed from beef collagen. The new product, now being used in clinical research surgery, has proved, on the basis of early results, to be successful.

Cornea transplantation, first attempted at the turn of the century, was further perfected during the past decade by Dr. Stuart I. Brown and his associates. The Cornea Service and Cornea Research Laboratory, which Dr. Brown directs, has been responsible for bringing vision to both children and adults who otherwise would have been blind.

The discovery by Dr. Brown and his colleagues of an enzyme inhibitor to promote healing of badly injured or burned corneas has made it possible in a number of cases for patients who suffered severe injuries to successfully receive cornea transplants. Another important milestone was recently established by Dr. Brown when he performed two cornea transplants which gave sight to an infant who had been born blind. The baby girl, who was nine months old at the time the first procedure was performed, was the youngest person in the world to receive a successful cornea graft. When the child was 20 months old, she was given a cornea transplant for her other eye. Today at the age of two, she has normal vision.

In the next century, it is anticipated that the department's continuing investigations will lead to the knowledge needed to push forward at an even more rapid pace the frontiers of eye medicine in order that unimpaired vision may be enjoyed by generations yet unborn.

# Otorhinolaryngology

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Three closely-related medical specialties become one in the compound name otorhinolaryngology: otology, the science of the ear and its disorders; rhinology, the science of the nose; and laryngology, the science of the throat and voice box or larynx.

Although descriptions of ear, nose and throat disorders and treatments have appeared in medical literature since before the time of Hippocrates, systematic anatomical and physiological study of these organs did not begin until the sixteenth century. The first significant progress in knowledge and treatment began in the eighteenth century, and by the latter half of the nineteenth century otorhinolaryngology, or otolaryngology as it is often called, had become an established medical specialty.

For many years otolaryngology and ophthalmology formed one division of the Department of Surgery at The New York Hospital. Among the surgeons who served with the division during its early years was Dr. Frederick Whiting, a noted otologic surgeon and author of a text devoted to surgery of the mastoid bone.

In the early 1940's, the two specialties became separate surgical divisions, and in 1947 Dr. James A. Moore, now head of the Department of Otorhinolaryngology at the Hospital, was appointed to head the Division of Otolaryngology.

Under Dr. Moore's direction the division underwent a series of significant developments including establishment of the Hospital's first formal residency training program in otorhinolaryngology; appointment of a full-time medical staff with office space in the Hospital and devoting its time to patients; development of out-patient ear, nose and throat facilities including a speech and hearing center; opening of 29 beds to ear, nose and

throat patients; and provision for research facilities in otorhinolaryngology.

Two important advances for the division occurred during the early 1950's with appointment of Miss Margaret Soisson to head a section on audiology, the science of hearing and especially the diagnosis and evaluation of hearing impairment and deafness, and expansion of the very limited speech and hearing facilities to include a speech pathologist and the Hospital's first soundproof room.

In 1968, concurrent with the affiliation agreement between The New York Hospital, Cornell University and the Manhattan Eye, Ear and Throat Hospital, the Division of Otolaryngology became the autonomous Department of Otorhinolaryngology. That year also saw the opening of the William Hale Harkness Medical Research Building with expanded ear, nose and throat research facilities including two soundproof rooms, highly sophisticated audiology equipment, space for speech therapy research, a Temporal Bone Research Laboratory and a Neuro-Vestibular Testing Laboratory for evaluation of inner ear function.

The Temporal Bone Research Laboratory and the Neuro-Vestibular Laboratory are currently the scene of some of the department's most important work in research and diagnosis. In the Temporal Bone Laboratory, devoted to research in the histology and pathology of the temporal bone, stained microscopic sections are made of the temporal bone and its structures to study the effects on the ear of ototoxic drugs and certain diseases including leukemia. The Neuro-Vestibular Laboratory is a center both for research into the nature and function of the inner ear and diagnosis of patients with vertigo and a variety of aural disorders.

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Emphasis in the department is in the area of functional ear surgery to correct or improve impaired hearing. Important breakthroughs in this type of surgery have been possible in the last 40 years due to the invention and refinement of instruments such as the binocular loop and the Zeiss operating microscope which provide the high degree of magnification and illumination necessary for extremely delicate surgical procedures in the ear and throat.

Among the most significant advances have been the development of the Lempert fenestration operation followed by the development of the mobilization procedure. These two operations, used to correct hearing loss resulting from otosclerosis, a condition affecting the bony portion of the inner ear, have now been superseded by the operation known as stapedectomy, where the stapes or stirrup bone is removed and replaced by a prosthetic device.

Fenestration, mobilization and stapedectomy along with such procedures as ear drum grafts,

which replace a damaged tympanic membrane with a graft from the temporalis fascia, and surgical correction of congenital defects have greatly advanced the treatment of conductive hearing loss, or hearing loss resulting from damage to the tissues and bones which conduct sound vibrations to the auditory nerve of the inner ear.

The next step, Dr. Moore believes, will be to develop effective means of dealing with sensorineural hearing loss, or nerve deafness secondary to ototoxic drugs or a variety of disease processes. The nerve deafness affecting the aged is usually secondary to diminished blood supply to the end organ of hearing. Possible forms of treatment, currently in the experimental stage, include implantation of electrodes in the ear and use of an artificial ear.

Progress in grafting and other surgical techniques and an increasing understanding of the genetic factors involved in hearing loss are two more of the exciting possibilities in the future of the still-young science of otorhinolaryngology.

*In one of the speech and hearing laboratories, a Bekesy Audiometer is used to investigate a patient's hearing difficulty. Such a hearing test can assist in diagnosis of a brain tumor.*



# Pathology

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Why do people get sick? How does illness spread? What changes do different diseases cause in the structure and functions of the body? For as long as mankind has sought answers to such questions, which is to say for almost as long as there have been men, pathology, the study of the nature and causes of disease, has existed in some form.

Pathology is, by virtue of its interest in disease in all its forms, a wide-ranging science touching every branch of medicine in such sub-specialties as anatomical pathology, cellular pathology, pediatric pathology, cardiac pathology, renal pathology and immuno-pathology. The pathologist must be both a research and a clinical scientist since research and basic laboratory work such as tissue analysis and autopsy are interdependent

tools in the struggle against disease. With this fact in mind, the Department of Pathology of The New York Hospital maintains, in addition to its extensive research and teaching activities, seven clinical services vital to patient care: the Post-mortem Service, Surgical Pathology Laboratory, Papanicolaou Cytology Laboratory, Blood Bank, Clinical Hematology Laboratory, Clinical Microbiology Laboratory, and Clinical Parasitology Laboratory.

Modern pathology had its beginnings in the work of Renaissance anatomists. As their dissections revealed more and more about the normal structure of the human body, it also revealed more and more about the structural aberrations caused by disease, thus laying the groundwork



SECTION OF THE PATHOLOGICAL CABINET.

*The Surgical Pathology Laboratory is adjacent to the operating rooms; sample tissues can be examined while an operation is still in progress.*

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for pathological investigation. By the time The New York Hospital was founded, pathology was an established branch of medical science. One of the founders of the Hospital, Dr. Peter Middleton, had previously held the chair of "Pathology and Physiology" at Kings College.

Autopsies, though not always popular with the general public, have been from the beginning a vital tool in the study of disease, enabling pathologists to improve diagnosis and establish the basic characteristics of different diseases through observation of the condition of diseased tissues after death and relation of that condition to disease as observed in living persons.

The earliest autopsies at The New York Hospital of which records exist were performed around the beginning of the nineteenth century by Dr. Samuel Latham Mitchill, a noted physician, sometime United States congressman and senator and editor of one of the first American medical journals. However, continuous autopsy records do not appear until the middle of the nineteenth century, or about the time advances in medical technology and abatement of traditional opposition to human dissection helped speed the emergence of autopsy as a systematic pathological study. By 1900 the microscope had been introduced as an invaluable aid in the autopsy procedure.

From its early years The New York Hospital took pride in its valuable collection of pathological specimens. The appointment in 1841 of Dr. Gustavus A. Sabine as curator of the "Pathological Cabinet," a term used at the time to designate both the collection and the Hospital laboratory service, marked the first separation of pathology from other Hospital divisions. The first communication of the Cabinet based on microscopic studies was issued in 1853 in the



form of a paper on Bright's Disease by Dr. John Appleton Swett.

By 1860 the "Catalogue of the Pathological Cabinet of The New York Hospital" listed 959 specimens. Unfortunately, in 1901 lack of space

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forced the Hospital to distribute most of the specimens among the laboratories of several medical colleges.

The first physician to serve at the Hospital under the title of Pathologist was Dr. George Peabody, appointed in 1878, during whose tenure the Hospital became one of three institutions to establish pioneering courses in pathological histology. Dr. Peabody was not, however, primarily a pathologist, and the Hospital had to wait until 1896 for its first full-time Pathologist in the person of Dr. George P. Biggs.

Perhaps the greatest name in the history of pathology at The New York Hospital is that of Dr. Eugene L. Opie who back in 1932 became the first chief of the combined Department of Pathology of The New York Hospital and Cornell University Medical College. Dr. Opie is universally recognized as one of the giants of medicine whose studies between 1898 and 1970 led to major contributions in such fields as malarial parasitology, tuberculosis, pancreatic disease, leukemia, inflammation, carcinogenesis and fluid transfer across cell membranes. The recipient of numerous honors for his research contributions, Dr. Opie was also cited by President Herbert Hoover as "our greatest statesman in public health."

In recent years, cancer and cardiovascular disease, the twin scourges of this century, have come under increasing scrutiny by members of the Pathology Department under Dr. John T. Ellis, Pathologist-in-Chief.

Because of his outstanding contributions to cancer research, former Pathologist-in-Chief Dr. John G. Kidd has this year been nominated for the Albert Lasker Medical Research Award. Dr. Kidd's serological studies of viruses and tumors resulted in the discovery of the enzyme aspara-

ginase, the first enzyme to be used effectively against certain types of cancer in humans.

In the area of cardiovascular disease Drs. C. Richard Minick and George E. Murphy with Dr. Carl G. Becker have been studying the development of atherosclerosis, "hardening of the arteries," and in particular the relationship of acquired arterial lesions, or injuries, to subsequent development of the disease. Their studies, focusing on whether arterial lesions precede or follow accumulation of fatty substances on the inside of the artery wall and how these changes in the artery wall arise, have potentially significant implications for future therapy.

Dr. Charles A. Santos-Buch is investigating the nature of arterial injury found in hypertensive cardiovascular disease. Data from Dr. Santos-Buch's experiments is extremely promising in that it may provide clues to the molecular changes taking place in arterial smooth muscle cells in hypertension. Other departmental research in cardiovascular disease includes studies of myocardial infarcts by Dr. Daniel R. Alonso.

Among the developments Dr. Ellis sees ahead for the Department of Pathology outside the area of research are increased application of automation to the clinical laboratories to lower the cost of laboratory tests and provide for more efficient patient care; application of computer techniques to the reporting of clinical results and data retrieval; expanded teaching opportunities for medical students and house staff in the clinical laboratories and establishment of a school of medical technology. From the standpoints of both technology and basic research it seems certain that the future of pathology holds great promise for the development of ever better weapons to help man in his continuing struggle against one of his oldest and most persistent enemies, disease.

# Pediatrics

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In 1771 the science of pediatrics was unknown. When a child became critically ill, he was marked for death. Vaccines and antibiotics did not exist. Nor did pasteurized milk or refrigeration. Since all animal milk was infected, babies that could not be breast-fed were doomed. Infectious diseases swept through the City. Few of those afflicted lived to see their first birthday. This was the bleak outlook throughout the 18th and most of the 19th centuries.

Until the middle of the 19th century, child health services were virtually non-existent. In 1870 the New York City Department and Board of Health were reorganized and a special division of maternal and child health was established. This was to lead to a slow but steady improvement of hygienic and sanitary conditions and to legislation to enforce immunization against smallpox and diphtheria, to modernization of the milk industry, and to other measures to safeguard the lives of infants. By the turn of the century the pendulum had begun to swing in favor of infants' survival. Early in the 20th century pediatrics emerged as a full-fledged medical specialty. The pioneering work done by the world-renowned pediatrician, Dr. Samuel Z. Levine, contributed significantly to its advancement.

In 1932 the Hospital's first Department of Pediatrics was established with Dr. Oscar M. Schloss as Pediatrician-in-Chief. In 1934 Dr. Levine was appointed Pediatrician-in-Chief, a post he was to hold until his retirement in 1961. Since that time Dr. Levine has served as a Consultant in Pediatrics at The New York Hospital and a Professor Emeritus in Pediatrics at Cornell University Medical College. Dr. Levine began his distinguished career in 1924 in the Medical College's Department of Pediatrics.

Among Dr. Levine's many major contributions



*In the Children's Transfusion Clinic, child patients with chronic blood diseases receive periodic transfusions which enable them to live almost normal lives.*

to pediatrics' maturity was the establishment by him and his associates of the fundamental basis for the feeding of premature infants. In the 1920's Dr. Levine and his colleague, Dr. Harry

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Gordon, discovered that many small premature babies could not effectively absorb the butterfat content in either human or cow's milk. Their revolutionary discovery was responsible for the introduction of feeding formulas used almost universally by mothers of premature infants for nearly half a century.

Dr. Levine's investigations, begun in 1925 on respiratory metabolism in infancy and in childhood, and his many other research projects directed toward the survival of infants led to his establishing in the Hospital in 1948 the first Premature Center in the world with a training program and a special nursery for the care of premature infants.

"Under Dr. Levine's long stewardship of the department, his innovative approach, coupled with his capacity to deal with the problems of the day while anticipating those of the future, provided the department with many of the blueprints for the road it was to travel in the next decade," said Dr. Wallace W. McCrory, who since 1961 has served as Pediatrician-in-Chief.

When the Department of Pediatrics opened its doors in 1932, children came to the Hospital only when they were desperately ill. Infectious diseases were the major causes of death. Polio, whooping cough, rheumatic fever, osteomyelitis (inflammation of the bone) and diarrhea were among the diseases most often seen.

Today the nature of the utilization of the Hospital for child health has changed drastically. Some infectious diseases have been almost eradicated by immunization. The development of potent antibiotics has brought most bacterial infections under control. The enormous increase since 1932 in the standard of living for the average American also has had a significant effect on child health, especially as it relates to commun-

icable diseases.

The successful conquest of the major killers of the past left more survivors vulnerable to chronic non-infectious disorders and malformations. As a result, children are admitted to The New York Hospital today less frequently for acute infections or illnesses and more frequently for surgical correction of congenital malformations and diagnosis of diseases that were unknown and untreatable in the 1930's. Today the diagnosis and correction of birth defects is one of the department's major functions. It is also the greatest challenge in this century.

The infant surgery service, headed by Dr. S. Frank Redo, has since its establishment in 1959 been devoted principally to the correction of congenital malfunctions. Dramatic surgery is performed on the heart, tracheotomies are conducted at birth to correct malformations, abnormalities of the kidneys are corrected, cleft palates are restructured. Kidneys are transplanted. The first kidney transplant to be performed on a child in the metropolitan area was conducted at The New York Hospital.

Today the lives of infants who are born with severe malformations, that 40 years ago were incompatible with life, are not only being saved but rehabilitated by these and many other procedures and programs of treatment. Child victims of birth defects are given not only the benefits of the most recent advances in medicine and surgery but the coordinated efforts of many outstanding specialists are focused upon their problems. This major rehabilitative program began in 1962 with the establishment at The New York Hospital-Cornell Medical Center of the first Birth Defects Clinic in New York City. Supported by The National Foundation-March of Dimes, the Clinic is headed by Dr. Myron Winick.



*The Children's Ward of The New York Hospital at its second location on 16th Street. A photograph of the 1880's.*

Dr. Winick, who also heads the department's Division of Growth and Development, established in 1964 with the aid of The National Foundation, is studying the possible genetic causes of congenital defects as well as exploring the effect of nutrition on brain growth both during pregnancy and the first six months of life. His research on the effect of nutrition on brain growth may be as important to the future as were Dr. Levine's studies on metabolism and the feeding of infants.

The Hospital has pioneered, and continues to do so, in the care of infants at birth to help prevent both physical and mental disorders. Today under the medical direction of Dr. Peter A. McF. Auld, Director of the Division of Neonatology, the Premature Center's training program and nursery have continued to expand in size and scope. Both premature infants and babies at risk for any cause are cared for in the Premature Center. In conjunction with the program, Premature Institutes, supported by the Children's Bureau of the U.S.

Department of Health, Education and Welfare, are held at which doctors and nurses from other hospitals come to study the Center's methods and techniques.

The Children's Blood Transfusion Clinic, the first of its kind in the world, was established in the department in 1944 by Dr. Carl H. Smith, for children who because of Cooley's (Mediterranean) anemia require frequent transfusions in order to live. The Clinic soon expanded to include children with all types of blood diseases requiring transfusions. The program, which includes diagnostic, treatment and research services, was made possible by the generous support of the Children's Blood Foundation.

Dr. Smith, an international authority on children's blood disorders, is a Consulting Pediatrician at the Hospital. The unique Clinic which he founded has been financed since 1952 by the Children's Blood Foundation.

The Clinic, which is in the Division of Pedi-

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atric Hematology, directed by Dr. Denis Miller, cares for more children with blood disorders than any other children's clinic in the metropolitan area. In the past children with blood disorders were hospitalized for blood transfusions. Today the Clinic makes it possible for the children to live at home, attend school and lead nearly normal lives. Through research conducted in the Children's Blood Foundation-Division of Pediatric Hematology Laboratories, methods of treatment are constantly being improved to extend the life expectancy of these children while the search for a cure moves steadily forward.

The Pediatric Clinical Research Center, opened in 1968, has made it possible for the department to conduct a continuous and intensive clinical study of metabolic and other complex malfunctions in newborn babies, infants and young children. The four-bed unit and laboratories are funded by a grant from the National Institutes of Health. The Research Center is in the Division of Pediatric Endocrinology, both of which are directed by Dr. Maria I. New, who with her associates is seeking new methods to restore health to these young patients and to find the answers needed to prevent such disorders.

The New York Hospital is confronted today not only with conquering the problems which physical disorders and malformations present but with the mental and emotional handicaps which victimize children. To improve the mental health of children is a vitally important goal toward which the department's concentrated efforts must be directed throughout the remainder of this century and the century to come.

An important forward step in this direction was taken in 1968 with the establishment of the Division of Pediatric Psychology. The division, directed by Dr. Lee Salk, is concerned specifically

with finding out how to improve mental health beginning with maternal-infant behavior. In this unique program, psychological counseling is provided to new mothers to enable them to understand and respond to their babies' emotional needs.

The division's services also are available to pediatric in-patients to help prevent psychological disturbances from arising as a result of their hospitalization. In this endeavor the pediatric nursing staff, headed by Miss Alice DonDero, M.A., has made and is continuing to make outstanding contributions to children's mental and emotional health, through a program begun five years ago under the guidance of Miss Madeline Petrillo, M.Ed., Mental Health Consultant. Through a variety of techniques, including visual, dramatic and verbal approaches, children are helped to express their feelings and to understand and cope with their fears. The program, one of the first of its kind to be established, has set a pattern which has been adopted by many other hospitals.

The Division of Ambulatory Care, established in 1969 under the direction of Dr. Margaret C. Heagarty, is the point of entry to the hospital system. In this division the department hopes to develop the model of how to deliver the kind of child health care that a metropolitan community requires today as well as in the future.

As a first step toward the realization of this goal, the out-patient clinics are being reorganized and renovated in order to care more effectively for the diverse health needs of children.

Will it be possible during the twenty-first century to prevent the physical and mental malformations which children suffer? Every effort of the department is concentrated toward the achievement of this goal.

# Psychiatry

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*"Among the many maladies to which mankind is liable, none are more to be lamented than insanity...Religion and Humanity strongly plead in favor of a fellow creature, deprived of the means of subsistence joined to a disordered mind..."*

In these words, directed to the citizens of New York City in 1794, the Board of Governors of The New York Hospital expressed their concern for the plight of the mentally ill. That concern has found expression through the provision of quality care for psychiatric patients over two



*Bloomingdale Asylum, opened in 1821, in a drawing of the period.*

centuries.

The New York Hospital was the first institution in the colonies to provide hospital care for mental patients whose only previous resource had been confinement to prisons or almshouses. Accommodations for their care were incorporated in the Hospital's first building. In 1808 an entire building was erected on the grounds, solely for mentally ill patients, in order to provide better facilities for care.

This was an era in which the medical profession, as well as enlightened citizens, were looking upon the mentally ill as people to be helped, rather than as people possessed by demons, the view of former centuries. Beginning in Europe and spreading to this country, a movement began to assist them by what was known as "moral treatment"; the term had no reference to ethics but, akin to the word "morale", centered on the patient's emotions.

Its advocates believed that mentally disturbed people could be helped; the principal means for doing so was to provide a supportive setting, treating the patient with kindness, dignity and respect, and providing constructive occupation and recreation as a way back to normalcy. Physical restraint of patients was to be reduced to a minimum.

It was in this setting that The New York Hospital embarked upon its expanding program of aiding the mentally ill. The landmarks which stand out during these two centuries are the establishment of Bloomingdale Asylum, on upper Broadway, in 1821; the removal of the institution to White Plains, N.Y., in 1894, where it continues to function as The New York Hospital-Cornell Medical Center, Westchester Division; and the establishment of the Payne Whitney Psychiatric Clinic as a division of The New York

Hospital when the present buildings were opened on York Avenue in 1932.

Since it was believed that disorders of the mind stemmed from disorders of the body, medical procedures common to the times, though appearing harsh to modern eyes, were employed in the patient's behalf. During the first century, in line with regular medical practice, "depleting" remedies such as bleeding and purging were discarded. The first century saw the initiation of such important psychiatric tools as occupational therapy and physical and recreational therapy. Special training was instituted for nurses and attendants and greater medical supervision was provided.

More physicians became attracted to this medical specialty. In 1844 the medical director of Bloomingdale Asylum was one of the 13 founders of the organization which later became the American Psychiatric Association. Case records were introduced and efforts were made to classify mental diseases, as well as to establish a correlation between pathology and mental symptoms. Toward the latter part of the century the use of drugs for the sedation of distraught patients was supplemented by hydrotherapy, the use of wet packs and warm baths.

At the turn of the century a new era in psychiatry began with the publication and gradual acceptance of the work of Sigmund Freud and other pioneers of the Viennese school. Bloomingdale physicians traveled abroad to study and courses on the new theories were given to the staff. Though biological research continued, greater emphasis was placed upon the patient's emotional and developmental history.

The establishment of the Payne Whitney Psychiatric Clinic enlarged the Hospital's program for the mentally ill by providing facilities in an urban setting, closely integrated with the facili-

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ties of the main Hospital. A teaching and residency program was established and extensive research was carried on in collaboration with physicians from other departments of the Hospital.

During the present century, both institutions have made use of the advances made in psychiatry and added improvements of their own. Among the significant events of this period was the discovery of insulin coma shock, soon to be replaced by electroconvulsive shock, during the 1930's. Though still an asset to treatment in selected cases, shock treatment is at present on the decline.

One of the most important developments was the discovery of the tranquillizing drugs, and a few years later, the antidepressant drugs, during the 1950's. The new drug therapy and greater community acceptance of the mentally ill enabled many patients to leave mental hospitals after shorter stays and to receive treatment on an out-patient basis.

Today, the program of The New York Hospital for the help of the mentally ill has amply realized the dreams of its founders. Headed by Dr. William T. Lhamon, Psychiatrist-in-Chief, it is doing noteworthy work not only in caring for the patients of today but also in attacking the problems whose solution will advance mental health today and tomorrow.

The New York Hospital-Cornell Medical Center, Westchester Division, of which Dr. Francis J. Hamilton is Medical Director, carries on an active teaching and residency program. During the year 1970, 572 in-patients were cared for and the Out-Patient Department recorded 5,062 visits. Among other important community services are the Acute Neuropsychiatric Unit, providing detoxification and other emergency procedures to

Westchester residents; the Children's Day-Care Center and other services to children through the Out-Patient Department; and work in collaboration with the school system, which includes an in-patient high school which is also attended by some White Plains adolescents with special needs. Exciting research work is going on in the Edward L. Bourne Behavioral Research Laboratory on the Hospital grounds, as well as many other projects being carried out by the staff.

The Payne Whitney Psychiatric Clinic, of which Dr. Richard N. Kohl is Medical Director, treated 368 in-patients in 1970 and had 16,649 visits to its Out-Patient Department. Among the innovative programs are a suicide prevention clinic, an emergency walk-in clinic, and special facilities for the aid of pre-school children. Both institutions are using and further developing such techniques as group therapy and family counseling and are deeply involved in special programs for patients of all ages which reach out into the community.

Dr. Lhamon sees the work of the Department in the future extending into two main directions. First, there is rapidly accumulating a body of information on early genetic, endocrine, and physiological influences on behavior and on later mental illness. He expects that from this developing information there will arise a better understanding of the mentally ill and better possibilities for their treatment. Second, the crowded conditions of urban life bring major problems of impersonality and anonymity which make it very difficult to give the best humane care and personal interaction needed by the mentally ill. Methods for coping with these biological and socio-environmental influences will be central in the future work and needs of the Department of Psychiatry.

# Radiology

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Until the beginning of this century, physicians and surgeons striving to aid their patients were to a large extent working in the dark. By chemical and other tests, by a backlog of experience in interpreting signs and symptoms, they were often, with surprising accuracy, able to deduce where the trouble lay, but they could not confirm their deductions with their own eyes. The patient's body, under the surface of the skin, was a closed book.

The art of radiology has changed all that.

On Dec. 28, 1895, Wilhelm Conrad Röntgen of Germany announced his discovery of an unknown ray, which he called the X-ray, produced by means of a cathode tube. Later he showed how, by its use, he secured shadows on a glass plate which delineated the bones of the hand, as distinguished from surrounding tissue. The medical implications were quickly grasped and soon many physicians were experimenting with the new device. It was first used for surgical purposes in the United States in February of 1896.

There are no available records which show when the first X-ray was taken at The New York Hospital. The annual report for 1905 states that during that year 850 radiographs were done, as well as 400 fluoroscopic examinations. By way of contrast, the number of X-ray examinations done in the Hospital in 1960 was 104,795 and 150,648 in 1970.

Improvement in radiological equipment went hand in hand with advances in the art of using it for the benefit of patients. Ways were developed to secure information, via X-ray, about organs as well as bones. The use of a material opaque to X-rays, such as barium, permitted visualization of the digestive system. Similar procedures made possible the pyelogram, showing areas of the urinary system.

A great step forward was the angiogram, in which X-ray opaque material was injected into the blood vessels. Dr. Israel Steinberg, who was associated with The New York Hospital from 1940 until his retirement in 1967, was one of the pioneers in this field. In 1938, working with Dr. George P. Robb, he produced the first visualization of all four chambers of the heart and the thoracic blood vessels.

Other noteworthy advances in the art of radiology have originated in The New York Hospital. Dr. John A. Evans, Radiologist-in-Chief, made an important contribution in 1954 by introducing a new method of studying the kidneys, called Nephrotomography. The technique, with subsequent refinements, has proved an invaluable tool for differential diagnosis of renal and extra-renal lesions.

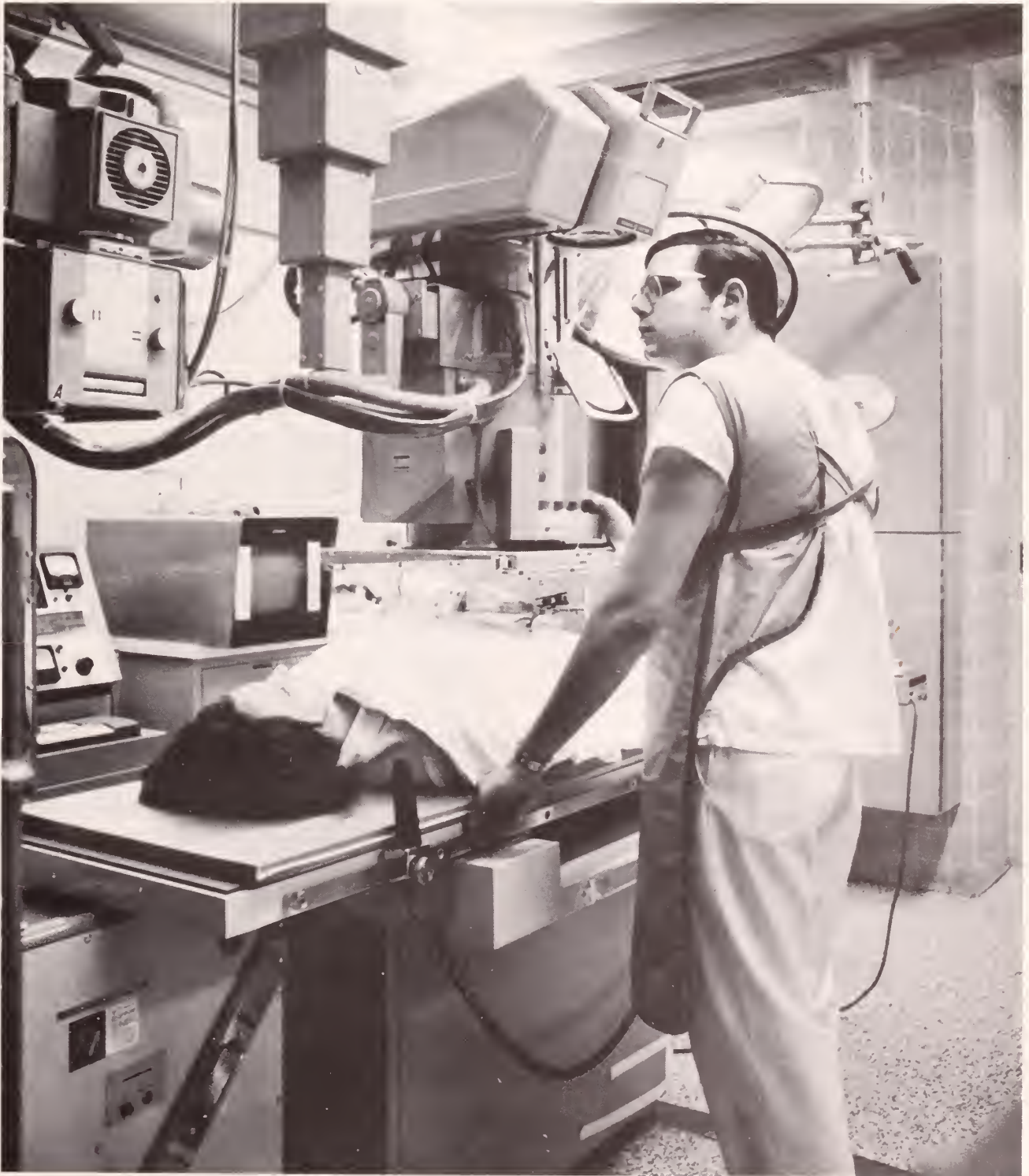
Dr. Evans, Dr. Steinberg and Dr. Nathaniel Finby combined to develop a safe and practical intravenous method for abdominal aortography, peripheral arteriography and cerebral angiography. This important procedure was announced in 1959.

Today many important radiological studies are made using the technique of catheterization, by which a catheter, consisting of minute plastic tubing, is inserted into a vein and positioned in the area of the body to be studied, through which the contrast opaque material is passed. The increasing complexity of care given to patients at The New York Hospital is shown by the fact that while 250 such procedures were performed in 1967, over 500 were done in 1970.

One of the new frontiers in the art of diagnosis is the use of radioisotopes for visualization of the organs and structures of the body. This is done in the Division of Nuclear Medicine, headed by Dr. David V. Becker. The patient receives a

*Making an angiogram, one of the  
most sophisticated procedures of modern radiology.  
Such investigations of a patient's difficulties  
are an essential preliminary for most  
heart surgery and neurosurgery.*

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substance known to localize in the particular part of the body to be studied, a substance that has been rendered slightly radioactive. By detecting the rays given out by the radioactive material a "scan", or pictorial representation, is obtained. Among the tests which are now available are those which show the brain, the thyroid gland, spleen, pancreas, kidneys, lungs, the liver and some heart functions.

Radioisotopes are being used in a developing field called immunoassay, by which for the first time it is possible to measure substances in the blood such as hormones which, though vital, exist in such minute quantities as to defy measurements by ordinary methods.

The Division of Nuclear Medicine, established in 1955, is assuming ever greater importance in the care of patients, as evidenced by the fact that the number of radioisotope studies made rose from 4,360 in 1967 to over 7,000 in 1970.

The Division of Neuroradiology, headed by Dr. D. Gordon Potts, is concerned with radiology of the brain and spinal cord. Radiographic and radioisotope examinations are performed in this section.

In studying the brain, a technique called tomography is used which gives a detailed view of a predetermined section of the brain. By such studies of the brain during angiography, information is obtained about areas of the brain deprived of their blood supply and about brain tumors.

It is now possible to visualize, in the brain, tumors and abscesses, aneurysms, occluded vessels and obstructions of the pathways through which various brain fluids normally pass. Visualization of the spinal cord, either by myelography, in which air or oily contrast material around the cord is used as a contrast medium, or by angiography, can often identify the cause of loss of

sensory or motor function.

Two important areas of research are proceeding in this division. One is a quantitative study of the watery fluids which circulate in and around the brain, a disorder of which causes hydrocephalus, or enlarged heads in children. The second is an ambitious project in which every study made in the division will be recorded on film without distortion and with known magnification. This would mean that information from one film could be correlated with that from another with great accuracy. The system being developed should also shorten the time required to perform many of the procedures.

Dr. Joseph P. Whalen and Dr. Eladio Nunez are studying the action of thyrocalcitonin, the product of the C cells of the thyroid gland, and parathormone, the product of the parathyroid gland, controlling the level of calcium in the blood and the consequent production or destruction of bone. It is hoped to establish criteria for the normal function of this mechanism.

Any knowledge gained would apply to the problems of astronauts during weightlessness and would also help in the treatment of dental disease, improper bone development and shaping in infants, and the disease called osteoporosis, the loss of bone mass which frequently accompanies aging.

What lies ahead in radiology? Dr. Evans points out that though it is one of the youngest of medical specialties its contributions are already monumental. The patient's body is no longer a closed book; more and more the physician and surgeon can visualize the patient's problem and devise remedial measures. To broaden that vision, and to supply ever more accurate information about ever more bodily functions, is the goal of radiology in the coming century.

# Surgery

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From the week-old infant whose heart, faulty at birth, is surgically repaired so that he can live and grow to be a normal youngster, to the elderly patient enabled to walk again by an operation on the hip, men, women and children of all ages come to The New York Hospital for the aid that modern surgery can render. The achievements in this field, particularly of recent years, have been so spectacular that even in the sophisticated 1970's it is difficult to grasp their significance. Open-heart surgery is now a commonplace. Kidney transplantation is an established procedure and successful transplantation of other organs is on the horizon. Every day that passes bears witness to improvements of currently employed procedures and the addition of newly discovered ones. Even the development and implantation of a totally artificial heart is considered a possibility for the future.

The surgeon of 1771 was chiefly restricted to what could be accomplished on the surface of the body. The first surgical patients treated at The New York Hospital suffered principally from abscesses, tumors of the skin, breast and extremities, urinary obstructions, or trauma; there were many injuries suffered by workers on the docks and those exposed to traffic accidents and brawling in the narrow streets. Since the only other source of aid was the offices of private doctors, which they could not afford, the poor of the City found a refuge in The New York Hospital.

The Hospital became a gathering place for problems which stimulated the attending surgeons to seek diligently for their solution. Progress was the mood of the time. Surgical conditions for which nothing was attempted in 1790 were being attacked by 1810. Bold and heroic operations were conceived and performed.

One of these was accomplished by one of the

most distinguished pioneers of that era, Dr. Valentine Mott, Attending Surgeon at the Hospital from 1817 until 1837. At the age of 33, in 1818, he became the first doctor in history to perform a ligature of the innominate artery. Ligature of vessels, or tying them off, was undertaken in those days only to stop actual hemorrhage. Dr. Mott's feats of arterial surgery gained him equal recognition with the great surgeons of Europe. Another bold innovator was Dr. Wright Post, Attending Surgeon at the Hospital from 1792 until 1821. Among his famous achievements were ligation of the femoral artery for an aneurysm (a dilatation in the wall of an artery) in the knee area in 1796, of the common carotid artery in 1813, and the subclavian artery in 1817.

As the years passed, surgeons at The New York Hospital became more aggressive in using their skills in the interior of the skull, chest and abdomen. Examples were elevation of depressed fractures of the skull and decompression for brain tumors, ligation of major vessels for aneurysms in the chest, abdomen and extremities, and the removal of tumors from the abdominal cavity.

Despite the best efforts of the surgeons, the success and acceptance of these operations was greatly limited until general anesthesia was introduced. The first operation, under ether, in The New York Hospital was performed on November 21, 1847, just a month after its first demonstration anywhere in the world. With the elimination of pain and relaxation of the abdominal muscles, operations on the visceral organs, stomach, intestines, biliary tract and urogenital system were accepted and successful to a degree not previously imagined. In the year 1880, for example, 733 operations were performed in The New York Hospital.

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After the conquest of pain, infection remained the principal barrier to the advancement of abdominal surgery. The introduction of antiseptic drugs in 1867 reduced infection but fell short of controlling it; a further reduction in the hazard of infection came later with the use of aseptic precautions. These techniques were continuously studied and improved upon so that by 1900 the risk and suffering formerly associated with surgery had declined to the point that surgical procedures were more and more accepted by physicians and patients.

The invention and development of radiology at the turn of the century was a great boon and was crucial in the development of surgery as we know it today.

Surgical pioneers had been unable to open the chest cavity because exposure of the lungs to ordinary atmospheric pressures caused their collapse. A solution was attempted by the development in Germany of operating in a negative pressure chamber but the technique was cumbersome and difficult. The answer was finally found in the early 1900's through use of the intratracheal tube. By this means it became possible to maintain the exchange of oxygen and carbon dioxide at proper pressures in the lung, even though the chest cavity was open. This greatly stimulated surgical procedures within the thorax. By the end of the First World War, operations on the lung were being attempted.

Access to the chest cavity gave access to the heart, and heart surgery had its beginnings in this same period. The surgeon was restricted to repairs of lacerations on the surface of the heart and because of the constant blood flow, had to rely solely on his sense of touch. A prominent surgeon in this field was Dr. Eugene Hillhouse Pool, associated with The New York Hospital for 35 years.

Distinguished in many fields of surgery, Dr. Pool made many advances in the treatment of heart wounds by suture and in 1912 published a report on 77 cases he had treated. During the 1920's he published the results of 79 operations on the peritoneum and 36 on the pleura, a membrane of the lung.

The first quarter of this century witnessed a reorganization and elevation of standards of medical education, sparked by the Abraham Flexner Reports of 1910. At the same time, the training of surgeons came under reevaluation. The famous surgeon, Dr. William Stewart Halsted, developed a new system, residency training, in Johns Hopkins Hospital in Baltimore, but the program was slow to gain acceptance elsewhere. When the present New York Hospital-Cornell Medical Center was opened in 1932, the decision was made that the residency system would be the basis for graduate training.

Dr. George J. Heuer, who had trained at Johns Hopkins under Dr. Halsted, was brought to the Hospital as Surgeon-in-Chief. A versatile, able, and resourceful surgeon, Dr. Heuer made many important contributions, among them the introduction of brain surgery, the firm establishment of surgery in the thoracic area, and expansion of surgery in the gastrointestinal tract.

Equal to his accomplishments as a surgeon was Dr. Heuer's organization of the residency system for the training of surgeons. The success of the program under his direction gave great impetus to its adoption in other major medical centers.

His successor as Surgeon-in-Chief, Dr. Frank Glenn, reinforced and extended the system by establishing training programs leading to Board recognition in the new surgical specialties of urology, ophthalmology, plastic surgery, orthopedics and neurosurgery. The present world-wide



*The Operating Theater of The New York Hospital at the West 16th Street location.*

reputation for excellence in surgery enjoyed by The New York Hospital has as its firm base the innovations and accomplishments of these two distinguished teachers and administrators.

During Dr. Glenn's tenure, many major surgical advances had their beginning. In the late 1940's a new horizon in surgery opened with the development of the Gibbon heart-lung machine. Dr. Glenn recognized the potential of this area and pioneered in open-heart surgery at The New York Hospital, performing the first such operation on January 12, 1958, with Dr. George R. Holswade and Dr. S. Frank Redo. His work and that of his associates during the Fifties and Sixties made complex open-heart procedures routine. A new era began, including a direct surgical attack upon aneurysms.

Cardiac surgery has required a considerable number of para-medical technicians to operate the heart-lung machine which supports the body circulation during the time while the heart is actually undergoing surgical repair. Expert nursing in the immediate post-operative period and the development of intensive care facilities have been required. At present, the heart-lung machine is used approximately 300 times a year, requiring a great deal of donor blood, sophisticated anesthesia, expert pre-operative catheteriza-

tion and angiographic studies, and the working of a well organized surgical team.

With the recent development of techniques to improve the coronary circulation, it is difficult to anticipate the actual scope of future cardiovascular surgery. A large number of the millions of Americans suffering from coronary artery disease are potential candidates for revascularization of coronary circulation. In this procedure, a vein is taken from the leg and used to detour blood from the aorta to the distal part of the coronary circulation, passing areas of partial or total obstruction. The relief of angina pectoris by this technique has been most gratifying. Dr. C. Walton Lillehei has been engaged in the development of new prosthetic valves which offer larger openings and smoother working mechanics. Surgeons across the country are still striving to improve the design and materials used in these prostheses in an effort to develop the perfect artificial heart valve.

The year 1963 marked the launching of kidney transplantation, first on an experimental basis and then, as knowledge increased, as an established procedure for aiding selected patients. As of December 31, 1970, 125 of these procedures had been performed in The New York Hospital. The Hospital has organized and serves as the oper-

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ing center for a network of 30 regional hospitals engaged in the kidney transplant program. Transplantation of other organs has been under study, with heart, liver and lung transplantations being performed.

The practice of surgery has been refined by the development of various surgical specialties, each making its own contribution to the relief of the ill and suffering patient. One such example is the specialty of urology.

During the first half century of the 1800's, only two major urological operations were recorded at The New York Hospital. In 1970 there were 1,277 urological procedures performed.

The major milestones in the development of this specialty include the establishment of the first urological ward at Bellevue Hospital in 1849; the first practical cystoscope in 1877, followed by a greatly improved model in 1917; retrograde pyelographs (X-ray studies) in 1907, and intravenous pyelographs in 1929.

In the year 1920, The New York Hospital received a legacy from James B. Brady which made possible the establishment of an excellent urological service under Dr. Oswald S. Lowsley, famous both as a surgeon and writer on the subject. Dr. Edward L. Keyes, chief of the service from 1910 to 1937, was considered a world au-

*The surgeon of today can make vital repairs on almost every part of the human body; patients of all ages, from infants to the elderly, benefit from modern surgical skills.*



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thority on urology and wrote a textbook on the subject which was the most popular of its time. Dr. Alexander R. Stevens, who directed the division from 1937 until 1948 was the first to attempt transurethral electrodestruction of the obstructing prostate.

Since 1946, Dr. Victor F. Marshall has been Attending Surgeon-in-Charge. Among his publications are a textbook, books on carcinoma of the bladder and pediatric urology, and, jointly authored with Dr. George Papanicolaou, the first paper on the application of his method of cytology to urine. A widely used operation for stress incontinence in women was devised in 1949; in conjunction with the late Dr. Ephraim Shorr, an effective preventive program against urinary phosphatic stone was devised and is still in use.

The immediate major goals of the Urological Service, at present, stress the pediatric aspects of the specialty, with the aim of preventing as well as correcting congenital errors in the urinogenital system. The production of these deformities in sheep is being investigated and the division is now launching a study of the genetic aspects of urinogenital deformities.

Plastic surgery has been defined as the surgical field most concerned with building up tissues, restoring lost parts and rectifying malformations and defects. Plastic surgeons are concerned with remedying such birth defects as the cleft palate; with reconstruction of body areas, particularly the head and neck, after tumors have been removed and with restoration of function after injury. They are specialists in treating burns, in the delicate surgery required to restore function in hands, and in correcting abnormalities of appearance which adversely affect the patient.

Dr. Herbert Conway organized the Plastic Surgery division in The New York Hospital, giving

his full time to the project. The American Board of Plastic Surgery had been given the status of a major specialty board in May, 1941. By the following year, Dr. Conway had organized a program for residency training which received the Board's approval. Under Dr. Conway's leadership, the Hospital achieved top ranking as one of the world's most active centers in the specialty. Ninety-eight plastic surgeons received their training in this Hospital, fourteen of whom are now directors of training programs throughout the world.

The research performed in the division has resulted in major contributions in transplantation biology, basic cell physiology, treatment of burn injury, congenital anomalies, microsurgery and other broad areas of clinical surgery.

Dr. Conway's untimely death in 1969 was a great loss to the Hospital and to the art he had done so much to advance. Since that time Dr. Dicran Goulian has served as Acting Attending Surgeon-in-Charge of the division.

Orthopedic surgery, having to do with the bony structure of the body, is one of the oldest fields in which doctors have attempted to aid their patients through surgical procedures. The orthopedic services of The New York Hospital are coordinated with its affiliate, the Hospital for Special Surgery, of which Dr. Robert L. Patterson, Jr., is Attending Surgeon-in-Chief. That organization has a distinguished history, having been founded as the Hospital for the Relief of the Ruptured and Crippled in 1867, the first orthopedic hospital in the United States. The institution affiliated with The New York Hospital-Cornell Medical Center in 1949 and moved to its present site in 1955.

Residents are rotated through both institutions, which maintain a combined fracture service. In 1961 the Medical Center's research programs in

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the fields of orthopedic surgery and rheumatic disease were greatly aided by the establishment of the Philip D. Wilson Research Foundation in the Alfred H. Caspary Research Building.

A significant recent development is the Neonatal Clinic in which are examined the hips of all newborn babies of the Lying-In Hospital of The New York Hospital. This requires the combined efforts of orthopedic surgeons, pediatricians, social workers and physiotherapists. By the development of certain techniques in examination it is possible that congenital dislocation of the hip may be diagnosed early and with proper treatment this crippling deformity can be prevented.

During 1971 plans will be implemented by which orthopedic residents will receive instruction in diagnosis by neurological standards and the interpretation of electromyographs. The basic goals are to continue intensive research in basic subjects related to the musculoskeletal system and to push forward work in biomechanics, with the objective of devising total joint replacement.

Neurosurgery, which treats areas of the nervous system including the brain, brain stem, and spinal cord, became a section of the Department of Surgery under Dr. Bronson Ray in 1946. Assisting him was his associate, Dr. Herbert Parsons, who took an active part in the program until his retirement in 1964. For many years the Cornell Division of Neurosurgery at Bellevue was directed by Drs. Parsons and Howard S. Dunbar, both of The New York Hospital.

The Neurosurgery Division, in addition to caring for patients at The New York Hospital, has actively assisted in the care of patients at hospitals affiliated with the Medical Center. A consulting service has been supplied to the Hospital for Special Surgery since 1955. For many years a weekly out-patient clinic was conducted

at the Memorial Hospital for Cancer and Allied Diseases; in 1969 a new division of neurosurgery, headed by Dr. Richard Bergland, was inaugurated there which operates in association with The New York Hospital division.

Increased refinements of diagnosis, provided by neuroradiology, and new knowledge and skills developed by the surgeons, have made neurosurgery an increasingly important specialty. During the year 1970 there were 759 neurosurgical procedures performed in The New York Hospital.

The service at the Hospital is diversified but it has become especially well known for work with the sympathetic nervous system and in more recent years with the pituitary gland. Valuable research programs are being carried on in the neurosurgical laboratory directed by Dr. Russel H. Patterson, Jr. which should, in the future, bear fruit in aiding even greater numbers of patients who need the special skills of the neurosurgeon.

Progress in the field of surgery in the last forty years has resulted from a combination of factors. The discovery of antibiotics greatly increased the safety of surgical procedures. Blood and blood component transfusion, accompanied by controlling the fluid and chemical balances in the blood stream, have made it possible to forestall shock and other complications.

Today's surgeon at The New York Hospital has at his command the sophisticated and meticulous use of modern anesthesia. Without the recent advances in radiology, much modern surgery, particularly in the cardiovascular and neurological fields, would be impossible. All of this has been accompanied by improvements in the pre-operative and post-operative care of the patient, as exemplified in the recovery rooms and intensive care pavilions.

The one-time gulf which separated the surgeon

*Doctors evaluate data and enter it into patient's medical record, an essential step in medical treatment.*

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from the medical internist has narrowed as both increase their scientific knowledge and combine it for the benefit of the patient. The surgical-medical team has become more and more a reality. Nowhere is this more clearly demonstrated than in the field of kidney transplants where general surgeons, urological surgeons, physicians specializing in kidney disease and rejection mechanisms, as well as medico-scientists with elaborately equipped laboratories, work in close cooperation to make this modern surgical achievement a reality. The same can be said of the total medical-surgical attack on the problems of cardiovascular disease.

Surgeons in general have strived to develop techniques or devices to offer relief to patients with currently incurable conditions. Transplantation of organs holds great interest as investigative efforts continue to find means of thwarting the rejection reaction. Artificial organs, manufactured and implanted, and possibly powered by nuclear energy sources, appear to be in the not too distant future. Electronic stimulating devices to augment pain responses in patients with intractable pain syndromes are undergoing experimentation and seem to offer considerable benefit.

It is not possible to enumerate all areas or facets of surgery which offer challenges in the coming decades. It is paramount to emphasize that the main challenge of surgical research endeavors is to develop techniques, no matter how complex, which still offer improvement to the patient after his convalescence from operation. Many ideas were viewed with skepticism until actually shown that they could be of benefit to humanity. The more complex the operative techniques, the more challenging and demanding will be the methods of caring for the patients after operation and during their rehabilitation.



# Report of the Women's Auxiliary

MRS. JOHN L. BARINGER, *Chairman*

During the year 1970, the Women's Auxiliary of The New York Hospital continued its energetic support, both through fund-raising and voluntary activities, of many programs aiding the Hospital's patients.

The committee in charge of the annual United Hospital Fund Campaign, of which Mrs. Thor Thors, Jr., is chairman, had a successful drive, raising a total of \$122,735, with direct benefits of \$75,183 accruing to The New York Hospital. Despite adverse economic conditions, the number of gifts was larger than the preceding year.

Many patients were benefitted by grants from the Mrs. Rollin Browne Honor Fund, which was created by an anonymous gift of \$200,000, with its income used for the benefit of indigent persons, especially those who are crippled or physically incapacitated, by making available to them appliances, medication or services not available from other sources. Income amounting to \$8,000 was dispersed through the Department of Social Work, the Pediatrics Out-Patient Department and the Department of Physical Medicine. The money was used to purchase such items as braces and wheelchairs as well as very sophisticated devices to provide mobility for partially paralyzed patients.

A continuing interest of the Women's Auxiliary is the Department of Social work, to which an annual grant of \$11,000 is given. Mrs. Van Vechten Burger, chairman of the Committee, maintains liaison with the Department and also serves as a volunteer in the pediatric unit.

During 1970 the Social Work Department gave assistance to 7,731 patients and the number of interviews increased from 82,665 in 1969 to 93,133. Group counselling, the initiation of which had been financed by the Auxiliary, continued to grow in importance. Among others,



*In the Helen Mitchell Graves Memorial Library. One of the projects of the Women's Auxiliary, the library circulated over 16,000 books to patients and staff members during 1970.*

geriatric patients, adolescents, parents of children with birth defects and kidney transplant patients received group counselling.

Financial support was continued for the Occupational Therapy Department, through Mrs.

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Philip Hopp, chairman of the Occupational Therapy Committee. Two new treatment areas were created, one for the pediatric section and one for the adult section dealing with activities for daily living. The total number of treatments was 4,944 during the past year; the number of patients was 1100. The Auxiliary's financial support made possible an increase in pediatric treatments from 44 in 1969 to 568 in 1970.

The Payne Whitney Psychiatric Committee, chaired by Mrs. Lauretta D. Robinson, arranged for \$3,000 in support of the Nursery School Treatment Center. A grant of \$1,000 was made for purchase of television sets for the Clinic.

The New York Hospital Gift Shop was remodeled during the year, making the premises more inviting as well as more efficient. The Auxiliary provided the necessary \$8,000 expenditure. In spite of being closed for seven weeks, the Shop netted more than the previous year; \$17,000 was turned over to the account of the Auxiliary for its Hospital programs. The Gift Shop performs a vital service for both the patients and the Hospital staff. Mrs. Alexander Daignault, as head of the Gift Shop Committee, was in charge of this important undertaking.

Mrs. Rollin Browne, chairman of the Thrift Shop Committee, reported an income of over \$7,000 during 1970. The Nursing Committee, under the chairmanship of Mrs. Slade Mills, gave \$500 to the recreational programs for the nursing staff.

The Pediatrics Out-Patient Department received further support in the form of \$300 for general use; \$250 was also made available for the annual Christmas party for child patients.

The Helen Mitchell Graves Memorial Library circulated over 16,000 books to patients and staff members during the year, as well as almost 500

books in foreign languages and 1000 magazines. Book carts were taken to patient floors by volunteers who contributed over 1500 hours of their time for this purpose. The annual book sale, the proceeds of which are used to support the library, netted over \$1,000. Miss Marilyn P. Graves is chairman of the Patient's Library Committee and also one of its most active volunteers.

The Women's Auxiliary continued to work closely with the Volunteer Department, with Mrs. Weston Brownell as chairman of the Volunteer Committee. During the past year 439 volunteers contributed a total of 50,041 hours to serve the Medical Center. Child patients were presented with 1,262 dolls made and dressed by volunteer workers.

Auxiliary meetings were addressed by many interesting speakers over the year. Among them were Mr. H. Mefford Runyon, Secretary and Treasurer of the Society; Dr. Donald Hamilton and Mrs. Jackie Phillips, from The New York Hospital-Cornell Medical Center, Westchester Division, in White Plains; Dr. David D. Thompson, Director of the Hospital; Mrs. Elizabeth Ballet of the Nursery School Treatment Center; Mr. Henry Bertram, Director of the Personnel Department; and Dr. Joseph F. Artusio, Jr., Anesthesiologist-in-Chief, who discussed the work of para-professionals in medical care. Mrs. Eric Baynes, a member of 20 years ago and past president of the New Jersey Association of Hospital Auxiliaries, was a welcome visitor. Several members of the organization participated in work shops at the Community Blood Center and reported to the Auxiliary on current needs of the donor blood program.

All of the members of the Auxiliary are to be congratulated for their work and cooperation during a very busy and constructive year.

# Executive and Standing Committees of the Board of Governors/1971

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## Executive Committee

Frederick K. Trask, Jr., *Chairman*  
Walter G. Dunnington, Jr.  
Kenneth H. Hannan  
Mrs. Stuart H. Ingersoll

Walter Kernan  
E. Hugh Luckey, M.D.  
Jean Mauzé  
George S. Moore

Stanley deJ. Osborne  
Augustus G. Paine  
Mrs. John T. Pratt  
H. Mefford Runyon

David D. Thompson, M.D.  
Edwin Thorne  
John Weinberg  
John Hay Whitney

## Standing Committees

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### Finance Committee

Jean Mauzé, *Chairman*  
Benjamin S. Clark  
John L. Loeb  
Samuel C. Park, Jr.  
H. Mefford Runyon  
David D. Thompson, M.D.  
Edwin Thorne

### Membership and Public Relations Committee

Walter G. Dunnington, Jr., *Chairman*  
Mrs. Stuart H. Ingersoll  
Mrs. Maynard C. Ivison  
Devereux Milburn  
A. G. Paine  
H. Mefford Runyon  
Edwin Thorne  
John L. Weinberg

### Psychiatric Committee

Walter A. Kernan, *Chairman*  
George F. Baker, Jr.  
R. Palmer Baker, Jr.

H. Mefford Runyon  
David D. Thompson, M.D.  
Albert Carey Wall

### Nominations Committee

Devereux Milburn, *Chairman*  
Francis Kernan  
Kenneth H. Hannan  
Mrs. Stuart H. Ingersoll  
Augustus G. Paine  
Mrs. John T. Pratt  
Edwin Thorne  
Frederick K. Trask, Jr.  
John Hay Whitney

### Wage and Salary Committee

Devereux Milburn, *Chairman*  
Walter G. Dunnington, Jr.  
Kenneth H. Hannan, ex officio  
H. Mefford Runyon  
David D. Thompson, M.D.  
Frederick K. Trask, Jr.  
John L. Weinberg

### Budget Committee

Stanley deJ. Osborne, *Chairman*  
Kenneth H. Hannan  
Jean Mauzé  
Augustus G. Paine  
Edwin Thorne

### Law Committee

Walter G. Dunnington, Jr., *Chairman*  
Edward W. Bourne  
Louis M. Loeb

### Nursing Committee

R. Palmer Baker, Jr., *Chairman*  
Miss Muriel Carbery  
Mrs. Stuart H. Ingersoll  
Dean Eleanor Lambertsen  
Louis M. Loeb  
Jean Mauzé  
Mrs. John T. Pratt  
David D. Thompson, M.D.  
Edwin Thorne  
Kenneth H. Hannan, ex officio

### Audit Committee

John L. Weinberg, *Chairman*  
George F. Baker, Jr.  
William A. M. Burden  
George S. Moore  
Stanley de J. Osborne  
Samuel C. Park, Jr.

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Robert W. Purcell, *Chairman*  
Gustav S. Eyssell, *Vice-Chairman*  
R. Palmer Baker, Jr.  
Walter A. Kernan  
Jean Mauzé  
H. Mefford Runyon  
David D. Thompson, M.D.

### Retirement Board

Albert Carey Wall, *Chairman*  
Benjamin S. Clark  
Louis M. Loeb  
H. Mefford Runyon  
David D. Thompson, M.D.

## Officers of the Women's Auxiliary of The New York Hospital

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Mrs. John L. Baringer  
*Chairman*

Mrs. Thor Thors, Jr.  
*First Vice-Chairman*

Mrs. John Horn  
*Second Vice-Chairman*

Mrs. Miller Duryea  
*Secretary*

Mrs. Stuart H. Ingersoll  
*Treasurer*

## Officers of the Ladies' Auxiliary to the Lying-In Hospital

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Mrs. David N. Barrows  
*President*

Mrs. J. Culbert Palmer  
*Vice-President*

Mrs. Graham Hawks  
*Treasurer*

Mrs. Robert Kinzel  
*Assistant Treasurer*

Mrs. Randolph Gepfert  
*Corresponding Secretary*

Mrs. Elmer Kramer  
*Recording Secretary*

## Administrative Officers of The New York Hospital / 1971

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*Director*  
David D. Thompson, M.D.  
*Comptroller*  
George J. McBride

*Associate Director for Corporate Affairs*  
H. Mefford Runyon  
*Associate Directors for Professional Services*  
Susan T. Carver, M.D.  
Melville A. Platt, M.D.

*Associate Director, Engineering and General Services*  
Richard J. Olds  
*Director, Nursing Service*  
Muriel R. Carbery, M.S., R.N.

*Director, Personnel*  
H. Henry Bertram  
*Dean, School of Nursing*  
Eleanor C. Lambertsen.  
Ed.D., D.Sc., R.N.

# Highlights of the Year's Statistics

## Patient Care

PATIENTS ADMITTED	1970	1969
Main Hospital	28,689	27,810
Newborn	4,087	4,558
Payne Whitney Psychiatric Clinic	368	349
The New York Hospital Westchester Division	572	536
	<u>33,716</u>	<u>33,253</u>
Patient Days, All Divisions		
Including Newborn	422,585	434,061
Visits to Out-Patient Clinics	210,674	245,023
Visits to Emergency Pavilion	31,106	34,291

## Services to Patients

LABORATORY EXAMINATIONS	1970	1969
Bacteriology	119,021	103,724
Basal Metabolism	1,343	1,297
Blood Bank	106,225	113,166
Chemistry	519,948	504,344
Clinical Pathology	502,930	570,951
Cytology	35,771	34,188
Parasitology	9,345	8,840
Serology	26,642	26,445
Pediatric Endocrinology	5,206	3,245
Pediatric Hematology	47,844	46,556
Pediatric Ultra Micro-Chemistry	19,312	17,488
Radioisotope Services	7,087	6,480
Surgical Pathology	13,048	12,911
Miscellaneous	9,177	8,146
X-Ray Examinations	150,648	152,646
Operations	18,156	18,311
Deliveries	4,045	4,556
Electrocardiograms	37,811	37,560
Electroencephalograms	2,317	2,210
Social Service Interviews	93,046	82,665
Physical Therapy Treatments	19,421	19,420
Transfusions	14,611	15,788
Pharmacy Prescriptions		273,006
Record Room-New Case Records	39,500	40,899
Occupational Therapy Treatments	4,944	4,820
Recreational Therapy-Pediatrics	42,636	40,785

## Training Program

	1970
House Staff	289
Nursing Students Affiliated:	
Undergraduate Students	270
Practical Nurse — Students	25
X-Ray Technician Students	31
Dental Hygienist Students	11
Dietetic Interns	22
Physical Therapist Students	24
Social Work Students	6
TOTAL	<u>678</u>
Payne Whitney Psychiatric Clinic	
House Staff	25
Westchester Division	
House Staff	29
Nursing Students	
Affiliated Undergraduates	60
	<u>792</u>

## Distribution of Beds

	NUMBER OF BEDS — 1970	
PAVILION (WARD)		
Medicine	139	
Surgery	129	
Urology	30	
Accident & Emergency	8	
Obstetrics & Gynecology	79	
Pediatrics	58	443
Bassinets		<u>48</u>
Total Pavilion (Ward)		491
PRIVATE		
Main Hospital	124	
Obstetrics & Gynecology	29	
Pediatrics	5	158
Bassinets		<u>16</u>
Total Private		174
SEMI-PRIVATE		
Two Bed Baker	73	
Medical & Surgical	163	
Urology	32	
Obstetrics & Gynecology	78	
Pediatrics	27	373
Bassinets		<u>15</u>
Total Semi-Private		388
Payne Whitney Clinic		104
Total New York City		<u>1,157</u>
The New York Hospital		
Westchester Division		<u>281</u>
Grand Total		1,438

# Financial Statements

THE SOCIETY OF THE NEW YORK HOSPITAL. DECEMBER 31, 1970 AND 1969

## Balance Sheets

	ASSETS	1970	1969
CASH		\$ 938.848	\$ 2,470,453
ACCOUNTS RECEIVABLE:			
Patient care, less allowances of \$3,465,445 in 1970 and \$3,363,178 in 1969 for uncollectible accounts (Note 4) . . . . .		15,458.896	14,703,774
Other . . . . .		666.637	754,780
		<u>16,125.533</u>	<u>15,458,554</u>
INVENTORIES (At average cost), PREPAID EXPENSES AND DEFERRED CHARGES . . . . .		5,855.311	4,584,673
INVESTMENTS:			
Marketable securities, at market (cost—\$36,151,546 in 1970 and \$33,219,329 in 1969) . . . . .		43,145.857	41,526,947
Real estate, at cost (includes land at appraised value of \$500,000) less accumulated depreciation of \$120,399 in 1970 and \$90,419 in 1969 . . . . .		1,300.669	1,330.649
		<u>44,446.526</u>	<u>42,857,596</u>
PROPERTY, PLANT AND EQUIPMENT (Note 1) . . . . .		62,486.754	59,445,578
Less—Accumulated depreciation . . . . .		25,570.602	24,206,701
		<u>36,916.152</u>	<u>35,238,877</u>
STAFF HOUSING PROPERTY, including land of \$2,388,218, at cost (Notes 2 and 3) . . . . .		21,651.869	21,654,394
Less—Accumulated depreciation . . . . .		2,150.016	1,492,389
		<u>19,501.853</u>	<u>20,162,005</u>
OTHER REAL ESTATE, at cost (Note 3) . . . . .		4,019.966	3,970,115
		<u>\$127,804,189</u>	<u>\$124,742,273</u>
	LIABILITIES AND FUND BALANCES	1970	1969
LIABILITIES:			
Accounts payable and accrued liabilities . . . . .	\$	3,126.980	\$ 2,700,645
Temporary funds for special purposes . . . . .		669.862	682,676
Accrued pension expense (Note 5) . . . . .		266.464	1,239,152
		<u>4,063.306</u>	<u>4,622,473</u>
Notes payable (Note 3) . . . . .		11,912.402	9,879,960
Total liabilities . . . . .		<u>15,975.708</u>	<u>14,502,433</u>
FUND BALANCES (including unrealized appreciation of marketable securities of \$6,994,311 in 1970 and \$8,307,618 in 1969) (Notes 6 and 9) : . . . . .			
General fund . . . . .		21,890.214	20,120,915
Plant fund . . . . .		41,841.063	37,198,349
		<u>63,731.277</u>	<u>57,319,264</u>
Restricted funds—			
Specific purposes . . . . .		16,449,950	16,386,906
Plant replacement and expansion . . . . .		14,129.577	18,974,194
Endowments . . . . .		17,517.677	17,559,476
		<u>111,828,481</u>	<u>110,239,840</u>
		<u>\$127,804,189</u>	<u>\$124,742,273</u>

The accompanying notes to financial statements are an integral part of these balance sheets.

# Statements of Income (Loss)

FOR THE YEARS ENDED DECEMBER 31, 1970 AND 1969

	1970	1969
<b>OPERATING INCOME:</b>		
Care of patients (Note 4) .....	\$56,985,410	\$50,869,384
Other, net (Note 2) .....	2,171,532	2,508,420
Total operating income .....	59,156,942	53,377,804
<b>OPERATING EXPENSES (Note 8):</b>		
Nursing .....	19,991,453	19,160,335
Other professional services .....	17,175,883	14,970,637
Household and property operation .....	7,327,503	6,527,384
Nutrition .....	4,313,440	4,050,916
Provision for depreciation (Note 1) .....	1,771,280	1,713,939
Provision for employees' retirement plan (Note 5) .....	2,328,024	1,544,430
Administrative and general .....	9,463,796	7,850,694
Total operating expenses .....	62,371,379	55,818,335
Operating deficit .....	( 3,214,437)	( 2,440,531)
<b>INCOME FROM INVESTMENTS AND CHARITABLE TRUSTS</b> .....	1,274,406	1,313,625
Deficit for the year before current contributions and extraordinary credit .....	( 1,940,031)	( 1,126,906)
<b>CURRENT CONTRIBUTIONS:</b>		
Amounts designated for special purposes and for psychiatric divisions .....	884,445	659,410
Distributions from the United Hospital Fund and The Greater New York Fund ..	300,909	376,520
Memberships and contributions .....	478,321	490,198
Total current contributions .....	1,663,675	1,526,128
Less—Amounts designated for special purposes .....	742,504	529,541
Net current contributions .....	921,171	996,587
<b>EXTRAORDINARY CREDIT—Net insurance proceeds related to damaged files</b> .....	347,873	—
Net loss for the year transferred to fund balance .....	(\$ 670,987)	(\$ 130,319)

# Statements of Changes in Fund Balances

FOR THE YEARS ENDED DECEMBER 31, 1970 AND 1969

	1970					1969
	Restricted Funds					Total Funds
	General and Plant Funds	Specific Purposes	Plant Replacement and Expansion	Endowments	Total Funds	Total Funds
BALANCES, Beginning of year ..	\$56,621,017	\$17,085,153	\$18,974,194	\$17,559,476	\$110,239,840	\$110,650,619
Prior year reclassification (Note 9) .....	698,247	( 698,247)	—	—	—	—
BALANCES, Beginning of year, as reclassified .....	57,319,264	16,386,906	18,974,194	17,559,476	110,239,840	110,650,619
Add (Deduct):						
Net loss for the year ....	( 612,303)	( 58,684)	—	—	( 670,987)	( 130,319)
Legacies and restricted gifts .....	1,112,538	176,807	579,670	69,408	1,938,423	2,391,193
Unexpended restricted income earned on investments of restricted funds .....	—	138,387	671,624	—	810,011	956,641
Appreciation (depreciation) of marketable securities—						
Realized, net .....	—	50,056	740,732	2,554	793,342	443,912
Unrealized .....	35,572	( 243,522)	( 991,697)	( 113,660)	( 1,313,307)	( 4,315,337)
Property transactions—						
Additions to fixed assets	3,972,435	—	( 3,972,435)	—	—	—
Mortgage principal payments .....	3,257,684	—	( 3,257,684)	—	—	—
Adjustment of plant and equipment .....	43,689	—	—	—	43,689	250,796
Segregation of assets for plant replacement required by third-party payor (Note 7) .....	( 1,385,173)	—	1,385,173	—	—	—
Miscellaneous—net .....	( 12,429)	—	—	( 101)	( 12,530)	( 7,665)
BALANCES, End of year .....	\$63,731,277	\$16,449,950	\$14,129,577	\$17,517,677	\$111,828,481	\$110,239,840

The accompanying notes to financial statements are an integral part of these statements.

# NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 1970

(1) The following tabulation sets forth the property, plant and equipment accounts of the Society at December 31, 1970:

	GROSS AMOUNT	ACCUMULATED DEPRECIATION	NET AMOUNT
Land, at assessed values at December 31, 1943, plus subsequent additions at cost or fair market value at date of gift:			
New York Division .....	\$ 3,085,944	\$ —	\$ 3,085,944
Payne Whitney Psychiatric Division .....	190,350	—	190,350
Westchester Division .....	1,021,901	—	1,021,901
	<u>4,298,195</u>	<u>—</u>	<u>4,298,195</u>
Buildings, at cost:			
New York Division .....	19,021,172	6,830,893	12,190,279
Payne Whitney Psychiatric Division .....	1,708,671	926,779	781,892
Westchester Division .....	7,749,795	2,026,062	5,723,733
	<u>28,479,638</u>	<u>9,783,734</u>	<u>18,695,904</u>
Building fixtures and equipment, etc. at cost:			
New York Division .....	23,397,173	10,607,197	12,789,976
Payne Whitney Psychiatric Division .....	1,158,451	762,310	396,141
Westchester Division .....	5,153,296	4,417,361	735,935
	<u>29,708,920</u>	<u>15,786,868</u>	<u>13,922,052</u>
Medical school buildings, at nominal value .....	1	—	1
	<u>\$62,486,754</u>	<u>\$25,570,602</u>	<u>\$36,916,152</u>

Depreciation is provided on the straight-line method using estimated lives of 20 to 40 years for buildings and 10 to 25 years for building fixtures and equipment.

(2) At December 31, 1970, staff housing property of the Society consists of the following:

	GROSS AMOUNT	ACCUMULATED DEPRECIATION	NET AMOUNT
Laurence G. Payson House .....	\$13,867,963	\$1,069,162	\$12,798,801
445 East 68th Street .....	3,314,472	238,946	3,075,526
Staff Residence House .....	2,267,985	591,940	1,676,045
Sutton Terrace Apartments (10% undivided interest) .....	1,816,872	80,917	1,735,955
1303 York Avenue .....	258,638	103,153	155,485
434 East 70th Street .....	125,939	65,898	60,041
	<u>\$21,651,869</u>	<u>\$2,150,016</u>	<u>\$19,501,853</u>

Depreciation of staff housing is provided on the straight-line method using estimated useful lives of 40 to 50 years for buildings and 10 to 20 years for building fixtures and equipment. The 1970 and 1969 provisions for depreciation in the amounts of \$651,206 and \$456,407, respectively, have been charged to related rental income included in other operating income.

(3) Notes payable at December 31, 1970, consist of the following:

	PRINCIPAL AMOUNT
Staff Housing Property Mortgage Notes:	
5% mortgage payable in quarterly installments, including interest, of \$142,462 to November 1, 1984; secured by Laurence G. Payson House land and building .....	\$ 5,712,790
8% mortgage payable in quarterly installments, including interest, of \$62,925, to October 19, 1989; secured by 445 East 68th Street .....	2,460,444
5½% mortgage payable in monthly installments, including interest, of \$10,803 to November 1, 1991; secured by Staff Residence House .....	1,605,619
5½% and 5¼% mortgages on Sutton Terrace Apartments, payable from rental income (Note 2) .....	982,456
	<u>10,761,309</u>
Other Real Estate Mortgage Notes:	
6% to 7% mortgages payable in quarterly installments including interest, of \$10,240, maturing from October 31, 1972 to April 10, 1986; secured by \$585,589 of total cost of other real estate .....	225,015
Other note payable:	
4% unsecured note payable in monthly installments, including interest, of \$6,060 to December 1, 1988 .....	926,078
	<u>\$11,912,402</u>

The current portion of notes payable at December 31, 1970, amounts to \$634,743.

(4) A substantial portion of patient care revenue is derived from funds provided on behalf of patients under Federal, state and local medical assistance programs and Blue Cross insurance plans. Revenue from these sources is related to cost reimbursement principles and is subject to audit by the applicable agencies. In the opinion of management, such principles have been properly applied in the determination of recorded revenues.

- (5) The 1970 provision of \$2,328,024 for the noncontributory retirement plan which covers all employees, includes the amortization of prior service costs over a ten-year period. In 1969, the provision of \$1,544,430 included a provision for interest on unfunded prior service costs. This change in 1970 from the providing of interest to a ten-year amortization of prior service costs resulted in an increase in pension expense of approximately \$562,000. The Society's policy is to fund pension costs accrued. At December 31, 1970, the value of the retirement fund assets exceeds the actuarially computed value of vested benefits, unfunded prior service costs were approximately \$8,100,000 and the Society has prepaid pension costs of approximately \$3,500,000.
  - (6) Unpaid pledges to the Fund for Medical Progress, a joint fund raising campaign with Cornell University Medical College for capital and endowment needs of the New York Hospital-Cornell Medical Center (exclusive of direct pledges to Cornell), were approximately \$1,790,000 at December 31, 1970. Such pledges have not been recorded in the accompanying financial statements. The Society is the beneficiary of bequests and gifts under various wills and trusts, etc., the realizable amounts of which are not presently determinable.
  - (7) Beginning in 1970, the Society is required by the Associated Hospital Service of New York (Blue Cross) to segregate in a replacement reserve, current assets in an amount equal to all depreciation costs claimed for fixed assets used in providing service to patients, other than at the Westchester Division. Accordingly, \$1,385,173 was transferred to Plant Replacement and Expansion Funds during 1970. In prior years, such segregation was required only to the extent of depreciation charges applicable to patients covered by Blue Cross.
  - (8) Certain 1969 operating expenses previously reported as nursing expenses have been reclassified to other professional services to conform with the classification of expenses followed in 1970.
  - (9) The equity of the Westchester Division in the common investment pool of the Society which was previously reported as part of the Restricted Funds balance has been reclassified to General Funds based upon a redetermination of the nature of this amount.
- 

**ARTHUR ANDERSEN & CO.**  
NEW YORK, N. Y.

To the Board of Governors,

The Society of the New York Hospital:

We have examined the balance sheets of The Society of the New York Hospital (a charitable corporation organized in New York in 1771) as of December 31, 1970 and December 31, 1969, and the related statements of income (loss) and changes in fund balances for the years then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying balance sheets and statements of income (loss) and changes in fund balances present fairly the assets, liabilities and fund balances of The Society of the New York Hospital as of December 31, 1970 and December 31, 1969, and the results of its operations for the years then ended, in conformity with generally accepted accounting principles which, other than for the change in the method of providing for pension costs in 1970 as described in Note 5 to the financial statements, were consistently applied during the periods.

Arthur Andersen & Co.

March 18, 1971.

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 James T. Woodward  
 In grateful recognition  
 Mrs. William Woodward  
 Mrs. William Woodward, Jr.  
 In memory of  
 Ethel Smiley Crowell  
 Sarah and Elizabeth Wooley  
 Charles C. Wright  
 The Bessie Wright Memorial Fund  
 Christian A. Zabriskie

## *Legacies* TO THE SOCIETY OF THE NEW YORK HOSPITAL / 1970

---

Estate of Anna Bashlow  
 Estate of Mary Kenrick Beeuwkes  
 Estate of Charles E. Belsky  
 Estate of Elizabeth A. Boyce  
 Estate of Agnes Briggs Buckhout  
 Estate of Elizabeth T. Cronin  
 Estate of Harry Dulfon  
 Estate of Constance G. Gross  
 Estate of William B. Haffner

Estate of Bertha Hernstadt  
 Estate of Bertha S. Hertz  
 Estate of Herman H. Heye  
 Estate of Regina Kunstler  
 Estate of Albert Lewin  
 The Charles E. Merrill Trust  
 Estate of C. Gustave Mourraille  
 Estate of Walter J. Reinemann  
 Estate of Meta H. Rosebrock

Estate of Louis Rosenthal  
 Estate of Rose Safron  
 Estate of Charles E. Sampson  
 Estate of Martin Saxe  
 Estate of Madeline S. Schacter  
 Estate of Harold S. Vanderbilt  
 Estate of Nathalie S. Wasch

## *Endowed Beds* OF THE SOCIETY OF THE NEW YORK HOSPITAL / 1886-1970

---

1886 Robert Livingston Gerry  
 1901 Anna Peabody Wainwright  
     In memory of John Tillotson Wainwright  
 1902 Margaret J. Plant  
     In memory of her brother, Simon Loughman  
 1903 Nathaniel Whitman  
 1904 Howard Willets  
     In memory of his son, Jack Willets  
 1904 Harriette M. Arnold, St. George Bed, Hicks Arnold  
 1905 Maria L. Campbell  
     In memory of Duncan Pearsall Campbell  
     Governor, 1818-1827  
 1906 Mr. and Mrs. Henry F. Shoemaker  
     In memory of their son, William Brock Shoemaker  
 1907 Catherine L. R. Catlin  
     In memory of her brother, N. W. Stuyvesant Catlin  
 1908 Kate Fearing Welman  
     In memory of her father, Charles Edward Strong  
 1909 Fanny A. Haven  
     In memory of her husband, George Griswold Haven  
 1909 Joel S. Mason  
     In memory of his parents,  
     Joel Whitney Mason and Mary Elizabeth Mason  
 1909 Elizabeth M. Bliss  
 1910 Elizabeth Fisher King  
     In memory of her husband, Edward King,  
     who died in 1908  
 1912 Ella R. DeWitt  
     In memory of her husband, George Gosman DeWitt  
 1912 Catherine E. Daly  
 1913 Harrison E. Gawtry  
     In memory of his wife, Louise Brown Gawtry  
 1914 Frank Hartley  
 1915 Annie L. Morris  
     In memory of her husband, Fordham Morris,  
     who died in 1909  
 1916 Benjamin Robert Winthrop  
     In memory of his father, Benjamin Robert Winthrop

1919 Webb Institute of Naval Architecture  
 1920 Adelaide Foltz Chapman  
     In memory of her father, William Stewart Foltz  
 1922 Ellen C. Harris  
     In memory of George W. Harris  
 1922 Adelina M. Cramer  
     In memory of her brother, J. William Husemeyer  
 1922 Augusta I. Scott  
 1922 Mary A. FitzGerald  
 1922 Minetta C. Howenstine, The Howenstine Beds  
 1923 Marion Cutting  
 1923 Mary A. FitzGerald  
 1924 Lena Cadwalader Evans  
     In memory of her grandfather, Israel Corse,  
     a former governor of this Hospital,  
     and his daughter, Lena Burr Corse Evans  
 1924 William G. DeWitt  
     In memory of his brother, Theodore DeWitt  
 1925 William P. Wainwright  
     In memory of his father, William P. Wainwright  
 1925 William P. Wainwright  
     In memory of his mother, Cornelia R. Wainwright  
 1925 Mr. and Mrs. Gilbert Edward Jones  
     In loving and thankful memory  
     of Elizabeth Ingersoll Haven  
 1926 Kate Bainbridge Murray  
     In memory of her brother, Thomas E. Deeley  
 1927 Theresa R. Irving  
     In memory of her parents, John Brodhead Beck, M.D.  
     and Anne Sands Tucker Beck  
 1927 Theresa R. Irving  
     In memory of her husband, Cortlandt Irving,  
     her brother, Fanning Cobham Tucker Beck,  
     and her sister, Annie M. Tucker Beck  
 1927 Emily Stewart Waller  
     In memory of her father, John Aikman Stewart  
 1927 Charles H. Wainwright  
     In memory of his brother, William P. Wainwright

# ENDOWED BEDS / 1886-1970

- 1927 Alfonso DeNavarro
- 1928 Mr. and Mrs. Howland Pell  
In memory of their son, Howland Gallatin Pell
- 1928 Almy Gallatin Pell  
In memory of her father and mother,  
Frederic and Almy G. Gallatin
- 1928 Mr. and Mrs. Edward Lathrop Ballard
- 1928 Mrs. Henry James  
In memory of her cousin, McEvers Bayard Brown
- 1929 Arthur H. Herschel  
In memory of his mother, Grace Darling Herschel
- 1929 Peter F. Meyer and Lizzie O. Meyer
- 1930 Mary L. Walker Peters,  
The Charles Grenville Peters Bed
- 1933 William James Boucher  
In memory of his father and mother,  
John and Lydia Lawrence Boucher
- 1934 Jean Brown Jennings  
In memory of her husband, Walter Jennings
- 1934 Oliver Burr Jennings, Jeanette Jennings Taylor,  
Constance Jennings Ely  
In memory of their father, Walter Jennings
- 1934 Mary Isabella Meek
- 1936 Mrs. Thomas Williams, Thomas R. Williams,  
Mrs. Dorcas W. Ferris, Mrs. Edith S. Blydenburg,  
In memory of Thomas Williams
- 1939 Katherine Grace Snyder
- 1939 Arthur H. Herschel  
In memory of his wife, Sarah Frances Herschel
- 1939 Veronica Brown Brophy  
In memory of her father, George B. Brown,  
a builder of this Hospital
- 1939 Edith Haggin DeLong  
In loving memory of her son,  
James Ben Ali Haggin Lounsbery
- 1940 Edith Lounsbery Worden  
In loving memory of her mother,  
Edith Haggin DeLong
- 1940 John A. Stewart
- 1940 Mary T. Sheldon
- 1941 Patients and friends  
In memory of William R. Williams, M.D.,  
Attending Physician, 1912-1932
- 1942 Ballard Memorial Bed
- 1943 The Pleasant Valley Mills Bed
- 1943 Josiah Locke Webster
- 1943 Robert Winthrop
- 1944 Anonymous, The Cayuga Bed
- 1944 Howard Gould and Margarete M. Gould
- 1945 Augusta dePeyster  
In memory of her sister, Frances dePeyster
- 1945 Julia Noyes deForest  
In memory of her husband, Henry W. deForest
- 1945 Julia Noyes deForest  
In memory of her sons, Henry W. deForest  
and Charles Noyes deForest
- 1947 Mrs. Leland Eggleston Cofer  
In loving memory of Lucy Chauncey
- 1948 Martha B. and William Fraser
- 1948 Rosetta F. Sachs  
In memory of Max Kaskel
- 1949 William Kirk Memorial Bed
- 1949 Macy Mutual Aid Association
- 1949 Louise M. Griffin  
In memory of her mother  
Pauline Pryibil Hoffmann
- 1950 The Edward L. Cussler Memorial Bed
- 1950 G. Beekman Hoppin Memorial Bed
- 1951 The Dillon Fund
- 1953 Max Rice
- 1954 John Jay, 1875-1928, Memorial Bed
- 1955 The Marc Eidlitz Bed
- 1955 Col. John C. C. Thornton Family
- 1956 Mary E. Cuming, in loving memory  
of father, mother, brothers and sisters
- 1956 Dessie Greer
- 1956 Eugenie M. L. Garchery
- 1956 The Pleasant Valley Mills Bed, II
- 1957 Mathilde S. Sterne  
In memory of Simon Sterne
- 1957 Marie Stewart  
In memory of Virginia Stewart
- 1958 Marjorie Hard
- 1958 In memory of Henry Nathan, 1852-1922  
Dedicated by his son, Garfield Arthur Nathan
- 1958 In memory of Tillie Burgauer Nathan, 1862-1933  
Dedicated by her son, Garfield Arthur Nathan
- 1958 The Katherine Grace Snyder Bed
- 1959 In loving memory of Ivan Henning Wichfeld
- 1961 Alice McIntire Fay Memorial Bed
- 1963 Mr. and Mrs. Edgar Seldon Bloom  
In memory of Mrs. Bloom's parents,  
James Boyle Wallace and  
Fannie McKeon Wallace
- 1963 Cedric Aylwin Major
- 1965 Henry Lewis Phillips and  
Gertrude Abbot Phillips Fund
- 1966 The Estate of Cornelius Von E. Mitchell  
In loving memory of Henry Spingler  
In loving memory of Mary S. Van Beuren  
In loving memory of Mary E. D. Mitchell  
In loving memory of John W. A. Davis
- 1968 Louis P. Eckhard Trust
- 1970 Estate of Constance C. Gross  
In honor of Constance G. and  
Gustave Gross
- 1970 In memory of  
Alfred Franciszek Jurzykowski

# Professional Staff

## Consultants

Fred H. Allen, Jr., M.D.  
*Pediatrics*

Arthur F. Anderson, M.D.  
*Pediatrics*

Irvin Balensweig, M.D.  
*Orthopedics*

Horace S. Baldwin, M.D.  
*Medicine*

David P. Barr, M.D.  
*Medicine*

Leona Baumgartner, M.D.  
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Anthony C. Cipollaro, M.D.  
*Medicine*

Paul F. deGara, M.D.  
*Pediatrics*

John E. Deitrick, M.D.  
*Medicine*

Edward H. Dennen, M.D.  
*Obs. & Gyn.*

Oskar Diethelm, M.D.  
*Psychiatry*

R. Gordon Douglas, M.D.  
*Obs. & Gyn.*

Robert O. DuBois, M.D.  
*Pediatrics*

John T. Ellis, M.D.  
*Pathology (WD)*

Claude E. Forkner, M.D.  
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\*Oscar Glassman, M.D.  
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\*Deceased 10/9/70

Frank Glenn, M.D.  
*Surgery*

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\*James A. Harrar, M.D.  
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\*Deceased 1/26/70

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Frank J. McGowan, M.D.  
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Ade T. Milhorat, M.D.  
*Medicine*

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*Medicine*

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*Public Health*

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## Anesthesiology

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Olga Schweizer, M.D.

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 Walter Modell, M.D.  
 David W. Molander, M.D.  
 Willis A. Murphy, M.D.  
 Willibald Nagler, M.D.  
 Irwin Nydick, M.D.  
 Marie Nyswander, M.D.  
 Francis S. Perrone, M.D.  
 Paul E. Phillips, M.D.  
 Aurelia Potor, M.D.  
 John H. Prunier, M.D.  
 Seymour H. Rinzler, M.D.  
 Isadore Rosenfeld, M.D.  
 Albert M. Ross, M.D.  
 Emmanuel Rudd, M.D.  
 Stephen S. Scheidt, M.D.  
 Leonard H. Schuyler, M.D.  
 Frank A. Seixas, M.D.  
 Charles Sheard, III, M.D.  
 Raymond L. Sherman, M.D.

Gerald M. Silverman, M.D.  
 Harry A. Sinclair, M.D.  
 James P. Smith, Jr., M.D.  
 John Kelly Smith, M.D.  
 \*Aaron D. Spielman, M.D.  
 \*Deceased 3/12/70  
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 Peter H. Stern, M.D.  
 Robert Thoburn, M.D.  
 Robert J. Timberger, M.D.  
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 Sidney J. Winawer, M.D.  
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### PHYSICIANS TO OUTPATIENTS

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 C. Pinckney Deal, Jr., M.D.  
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 Dominic M. DePalma, M.D.  
 Edgar J. Desser, M.D.  
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 Joseph C. Fratantoni, M.D.  
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 Margery Golden, M.D.  
 Charles H. Goodsell, M.D.  
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 Scott M. Grundy, M.D.  
 Jack R. Harnes, M.D.  
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 Thomas P. Jernigan, M.D.  
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 Adib Karam, M.D.  
 Arthur Karanas, M.D.  
 Herman E. Kattlove, M.D.  
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Bruno Ristow, M.D.  
John G. Rose, M.D.

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#### INTERNS

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John J. Secondi, M.D.  
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### Dental and Oral Surgery

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#### ASSISTANT ORAL SURGEONS

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Thaddeus E. Starzynski, M.D.

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# *A Gift to The New York Hospital*

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A gift to The New York Hospital gives aid to the ill and the distressed, supports programs which educate doctors for the future, and makes possible research to stamp out disease, helping people here today and generations yet unborn.

Gifts may be made in a number of ways, such as by money (check or cash), by securities, by testamentary devise (land) or by bequest (property other than land), by intervivos or testamentary trust.

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The suggested terminology for an unrestricted devise or bequest is: "I give, devise and bequeath to The Society of the New York Hospital, a corporation created by Royal Charter granted by King George III in 1771 and located in New York City, New York, \_\_\_\_\_ (description of the property), to be used by the Board of Governors for its general purposes."

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The New York Hospital encourages gifts without restriction so as to permit greater facility in planning and administering its extensive and complex programs of patient care and medical education.

In the event you would like further information, please consult your attorney or the office of the Secretary and Treasurer of The Society:

**Secretary and Treasurer,  
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*200 Years of Man's Humanity to Man*



THE  
SOCIETY OF THE  
NEW YORK  
HOSPITAL

# ANNUAL REPORT 1971

THE SOCIETY OF THE NEW YORK HOSPITAL





# THE SOCIETY OF THE NEW YORK HOSPITAL

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*Throughout its history  
The New York Hospital  
has adhered to a four-  
fold purpose:*

CARE OF THE SICK

TEACHING

RESEARCH

PREVENTIVE MEDICINE



# The Society of the New York Hospital

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# *Report of the President of the Society*

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KENNETH H. HANNAN

The year 1971 was an historic occasion for The New York Hospital, during which we celebrated the 200th Anniversary of the founding of this institution which for two centuries has made a vital contribution to the welfare of our community and our nation. The year was one in which we continued to break new ground in fighting disease and providing new areas of health care for the thousands of patients who look to us for help. Unfortunately, 1971 was also a year of deepening financial crisis for the Hospital. Costs continued to rise without a proportionate increase in revenue; at the same time the demand for our services in new as well as traditional areas continued to escalate.

In the past several years all public service institutions have been adversely affected by a stringent economic climate. However, for health care institutions, this belt-tightening in the economy came on top of a special situation under which hospitals were laboring, namely the dual explosion in the demand for, and the cost of, modern medical care. And among health care institutions, The New York Hospital has special problems of its own. We are indeed proud of our past, but in a sense, the past has caught up with us. Much of our physical plant is obsolete and expenditures of a considerable magnitude are required to modernize our facilities.

In May of 1971 the Board of Governors found it necessary to vote a special appropriation of \$13,218,000 for capital outlays. Almost all of this sum was authorized not to expand, not to innovate, not to create new facilities, but only to catch up with deferred but essential maintenance and to meet such basic needs as power and heating. Inevitably it becomes necessary to spend money in order to avoid wasting money; a number of urgent programs should pay for

themselves through cost saving when completed. Further than that, some expenditures must be made to meet our prime responsibility of maintaining our standards of patient care.

The need for this capital outlay comes at a time when there is an unavoidable cash drain from day-to-day hospital operation. The operating deficits reported in the financial statement for 1971 unfortunately reflect a basic maladjustment in the whole system of payment for health care. Present systems of payment and reimbursement by third party payers simply do not cover the cost of the type of medical care which we provide.

From our charter date 200 years ago until the middle 1800's, The New York Hospital was the only general care hospital in the entire city of New York. So far as there was community medicine, we provided it. We grew up with the tradition of service to the community.

But we also grew up with another tradition, that of serving the medical community and humanity in general by adding to patient care the goal of teaching and research. As a result of this role The New York Hospital, like other major teaching hospitals, has become the principal source for the treatment of the most complicated medical problems. Our wide range of skills and expertise substantially increase our costs. This fact should be recognized in the computations of third party payers for the reimbursement of our costs. It would be a disaster for our society to bury its teaching hospitals under the burden of ever increasing deficits.

The ultimate solution lies in a reorganization of the entire health service structure. Comprehensive care should be provided by interlocking networks starting from the primary health facility (the physician), to the community hospital,

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to the acute care hospital for complicated medical problems as well as those specializing in certain areas of disease, and going back down the scale through the convalescent home, the rehabilitation center and the nursing home for the aged and chronically ill. And some rational scheme of financing this comprehensive care must be found.

Meanwhile it will take heroic measures on the part of all of us to meet the immediate crisis. We must find the necessary funds now to carry on the Hospital's essential services, to properly maintain its physical plant, to permit it to keep its technological equipment abreast of new developments, and to carry out capital projects which will effect economies in the Hospital's day-to-day operations.

The days ahead will present us with many difficult and complex problems which will require all our resources of ingenuity, patience and determination to resolve. We will need the increased support of the many friends of the Hospital who have sustained us in the past. We will also need to broaden our support throughout the community we serve — in the United States and around the world. I am confident that with this assistance we will continue to discharge our responsibility to our patients and to the community at large.

During 1971 three distinguished men joined the Board of Governors: Mr. James H. Evans, President of the Union Pacific Corporation; Mr. Hays Clark, who is President of the international division of Avon Products, Inc.; and Mr. Harold Weill, an international lawyer and business executive. Mr. Weill has long been Director of the Children's Blood Foundation, Inc., which sponsors one of the Hospital's outstanding programs in child care. During the year Mr. Richard G. Croft retired from active

service on the Board and was named Honorary Governor.

Dr. Connie M. Guion, a member of the Board of Governors and a distinguished physician of international repute, died on April 29, 1971, at the age of 88. She had been associated with The New York Hospital-Cornell Medical Center for more than half a century. Until a year before her death Dr. Guion carried on her medical practice and served actively as a consultant and clinical educator. A pioneer among women physicians, Dr. Guion was the first woman in the country to be appointed a full Professor of Clinical Medicine, achieving that rank in 1946. The esteem in which she was held by her colleagues is evidenced by the fact that the outpatient wing of The New York Hospital, dedicated in 1963, was named the Doctor Connie Guion Building in her honor. Her remarkable career and vital contributions to the profession will continue to be an inspiration in the years to come.

The Board was also saddened by the loss during the year of Honorary Governors Walter Grey Dunnington, Paul Geddes Pennoyer and William Harding Jackson. Mr. Dunnington was a member of the Board of Governors from 1930 to 1961, during which time he served on the Executive Committee, the Nominating Committee and as both member and chairman of the Audit Committee. From 1948 until 1960 he was Vice President for Membership.

Mr. Pennoyer served as a member of the Board of Governors of the Society from 1937 until his retirement in 1962, with the exception of the war years of 1942-1945. Among the posts he held were membership on the Executive Committee, the Committee on Membership, the Audit Committee and the Retirement Board.

Mr. Jackson, who became a member of the

Board of Governors in 1939, served as President of the Society in 1941 and 1942 and again from 1947 through 1949. His service to the Society included at various times positions on the Executive Committee, which he chaired for three years, the Finance Committee, the Membership Committee and the Nominations Committee.

Three eminent members of the professional staff died during 1971; their contributions to the work of the Hospital and to medicine in general brilliantly illustrate the type of excellence which has given this institution the reputation it enjoys.

Dr. Carl H. Smith, who died on April 23, was a leading authority on children's blood diseases and author of the classic textbook in the field. He had been associated with the Hospital since 1926. In 1944 he established on a systematic ambulatory basis, the Hospital's blood transfusion clinic which treats children suffering from chronic ailments, such as Cooley's anemia and hemophilia.

Dr. Samuel Z. Levine died on July 14 at the age of 75. An internationally known pediatrician, he was associated with the Hospital from 1924 and was Pediatrician-in-Chief from 1936

until retirement in 1961. Dr. Levine was a champion of better child nutrition throughout the world and during his "retirement" visited countries on four continents in the service of the Foundation for International Child Health which was founded in his honor.

Dr. Eugene L. Opie, Pathologist-in-Chief from 1932 until 1941, died on March 12 at the age of 97. One of the world's most famous pathologists, Dr. Opie was known for his original observations on diseases of the pancreas which contributed to the discovery of insulin. He also contributed importantly to the knowledge of epidemic influenza and other acute respiratory infections and to the study of tuberculosis.

While we deeply feel the loss of these good friends and eminent colleagues, we find consolation in the thought that their lives inspire those who follow them, and that their examples of zeal and dedication are emulated in the present by legions of youthful and vigorous successors. It is a privilege to all of us who are active at this moment in the two-hundred-year history of The New York Hospital to be a part of this great forward movement for the sake of humanity.

*The new dialysis facilities of the Rogosin Kidney Disease Treatment Center in the Guggenheim Building.*



# *Medical Progress and Patient Care: 1971*

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DAVID D. THOMPSON, M.D.

*Director, The New York Hospital  
President, The Medical Board*

Events in 1971 reflect the changing scene in the delivery of health services, bringing the advances in medicine to those entering the doors of The New York Hospital. The emphasis on providing care to patients in this community is illustrated by the continuing development of outreach or satellite clinics to provide care at sites closer to the homes of our patients.

The Department of Obstetrics and Gynecology and the Department of Pediatrics jointly sponsor one of the Hospital's satellite clinics which is located in Queens, the QUALICAP (Queens-bridge-Astoria-Long Island City Community Action Program, Inc.) Family Planning Clinic. Now in its third year, the clinic provides family planning, prenatal and postnatal maternity care, and infant care to the age of one year; testing for sickle cell anemia is also available. The New York Hospital provides medical supplies for the clinic and a staff consisting of an obstetrician-gynecologist, a pediatrician, a nurse, a midwife and a social worker; the community group provides practical nurses, aides, clerks and maintenance of the premises. Patients needing specialized examination or treatment are cared for at The New York Hospital.

A community project of exceptional interest provides methadone treatment for adolescents addicted to heroin; the project is jointly sponsored by The New York Hospital, Cornell University Medical College and Rockefeller University. Most of the patients are students or former students of Julia Richman High School. The overall goal of the project is to identify and strengthen counterforces to the pressures for drug usage exerted upon urban adolescents. It has been structured upon new lines, establishing a "neutral" facility apart from the large

school and large Medical Center but drawing upon the resources of both; the clinic is located in a building belonging to the Medical Center at 411 East 69th St.

During its first year of operation the clinic treated 75 patients. While it is too early to assess the program's overall effectiveness, those in charge feel optimistic about the potential of a treatment program set up on this model and feel that they have demonstrated that patients can be freed from methadone dependence if a strong followup program is provided.

The clinic is organized as an out-patient facility of The New York Hospital and is directed by two part-time Hospital physicians who provide continuity of care between the clinic and the Hospital; in addition there are two nurses, three full-time counselors and one part-time rehabilitation aide on the staff.

The Department of Psychiatry has also been active in community projects at various levels. In White Plains, N. Y., the Westchester Division of The New York Hospital-Cornell Medical Center has launched a program in conjunction with the White Plains Public Schools which effectively combines psychotherapy and continuing education for 45 young patients. Meeting in a school annex on the hospital grounds, children at the elementary level attend as day patients; classes at the secondary level serve both day patients and resident patients. A similar educational program is provided for adolescent in-patients at the Payne Whitney Psychiatric Clinic in New York City.

Among other community programs in which The New York Hospital was active in 1971 was the satellite clinic for residents of the Stanley M. Isaacs and John Haynes Holmes Houses at

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415 East 93rd St.; medical backup for a program sponsored by the Lenox Hill Neighborhood Association, which aids elderly people confined to their homes; medical and nursing service for 120 Medicaid patients at the DeWitt Nursing Home at 211 East 79th St.; and Hospital-based home care extended to fifty neighborhood residents.

There is a growing realization in the United States that there is a need to better coordinate the delivery of health services. The emphasis placed on this development is reflected in the growth of comprehensive health planning carried out by a number of agencies at the national, state and local community levels. In order to bring the fruits of biomedical research to all of our citizens, regional networks of care are deemed necessary in order to provide effective services at reasonable cost. Further, as the practice of medicine grows ever more complex, unnecessary duplication of expensive resources must be avoided.

An example of the development of a regional network of care is provided by the New York-

New Jersey Regional Transplant Program which was formally organized in 1971, with its activities housed at The New York Blood Center. Involved is a network of 51 hospitals active in the treatment of kidney disease and providing dialysis facilities; 14 of the hospitals are also qualified to perform kidney transplant operations. The New York Hospital has been a leader in this movement and has performed more than 40 per cent of the transplant procedures. The network maintains a central registry of all patients awaiting kidney transplants; when a donor kidney becomes available the best possible match is found through a computer installation at the New York Blood Center. There is also a computer link with the New York State Kidney Disease Institute in Albany. The hospitals in the network are maintaining a total of 1100 patients on dialysis.

Formalized cooperation with other medical centers is also a feature of our work in the field of genetic disease, though here the network is nationwide, as opposed to regional.

One of the newest of medical specialties,

*In the Neonatal Special Care Unit. The 20-bed unit cares for premature babies and other infants at high risk, receiving referred patients from community hospitals throughout the region.*



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genetic disease has become a major interest of the Hospital's Department of Medicine, both from the point of view of research and patient care; it also looms as a health problem of growing importance, now that many infectious diseases have given way to vaccines, antibiotics and improved sanitation. Experts estimate that one out of every eight pediatric beds is occupied by a child whose illness is at least in part congenital in nature. The congenital defects are thought to be about 20 per cent solely due to inheritance, about 20 per cent solely due to environmental and other factors, and the remainder to a combination of the two. The medical problems posed by genetic disease are exceptionally difficult because there is an enormous number of such diseases, each affecting relatively few people. Test and treatment procedures are so expensive that no medical center can afford to become expert in all of them.

Therefore The New York Hospital-Cornell Medical Center has joined with five other major medical centers in this country and Canada in a network organized by the National Genetics Foundation; each center specializes in the complex tests necessary to detect a certain group of genetic conditions. A telephone call to any one of the Centers by a physician is sufficient to arrange for shipment and testing of appropriate samples at the particular Center qualified to assist his patient.

The coordinated facilities of The New York Hospital-Cornell Medical Center and its affiliated institutions provide the opportunity to expand services and provide better services at less cost by avoiding the costly duplication of staff and facilities. Notable examples of this approach have been our longtime association with the Hospital for Special Surgery in the area of orthopedics and with Memorial Hospital in re-

gard to radiation therapy. Affiliations with Manhattan Eye, Ear and Throat Hospital, the Burke Rehabilitation Center in White Plains, N. Y. and the North Shore Hospital in Manhasset, L. I. have furthered this objective.

The continuing excellence of The New York Hospital depends primarily on those who are in leadership positions. A major event of 1971 was the appointment of Dr. Paul Allen Ebert as Surgeon-in-Chief. Coming from the Duke University Medical Center, Dr. Ebert has a broad background in general surgery with a special interest in heart surgery. Under his leadership there has been increased interest in cardiac surgery at the Hospital. The number of heart operations performed increased from 356 in 1970 to 501 in 1971; of this number, 274 were open heart operations, contrasting with 178 such procedures in 1970.

Dr. Ebert has looked to the development of all divisions of the Department of Surgery. He has appointed three divisional heads, Dr. Dicran Goulian, Jr., in Plastic Surgery, Dr. Russel H. Patterson, Jr. in Neurosurgery, and Dr. Stanley J. Behrman in Oral Surgery.

The year was marked by expansion and completion of the facilities of the Rogosin Kidney Disease Treatment Center of The New York Hospital Cornell Medical Center. A new and greatly expanded dialysis unit was opened in the Guggenheim Building, which is owned by the Hospital and located one block from its central buildings. The Guggenheim facility has 14 dialysis machines; in addition to receiving treatment, selected patients are trained in the techniques of home dialysis. The second part of the Treatment Center is a 21-bed unit in the Main Hospital, where in-patient care is provided. Installations by each bed permit the use of dialysis machines as required. These combined facilities make pos-



*The presentation of a check from the National Hemophilia Foundation to the Division of Pediatric Hematology for patient care of hemophiliacs.*

sible 7,000 dialysis treatments a year. The number of kidney transplant operations increased to an all-time high of 47 during 1971.

Other facilities and programs within the walls of The New York Hospital have undergone important changes. During the year the Children's Clinic was reorganized and remodeled as a pilot project for devising improved ambulatory care. A new appointment system provides continuity of doctor-patient relationships and sharply reduces waiting time. The 20 examination and treatment rooms are fully equipped so that they can be used interchangeably as required; the doctors go to the patients, rather than the other way around. The Clinic's innovations are reflected in its interior decoration, which is colorful and imaginative.

The Children's Clinic now has a capacity for caring for 2,000 children per month. Community leaders, including teachers, supervisors, health counsellors and parents from the neighborhood schools, have been holding a series of conferences with Hospital staff in order to explore ways in which to broaden the clinic's service to the neighborhood children.

Such activities are typical of the costly and highly complex procedures which characterize the major teaching hospital, such as The New York Hospital, in contrast with the smaller community hospital dealing with less complex medical problems. It is likely that the community hospitals will refer increasingly their critical and difficult cases to the major medical centers. Though we welcome these cases and assume the responsibility for them as our unique role in the total health picture, at the same time we urgently need financial relief for the disproportionate cost which results.

Within the limitations of the cost burdens imposed upon us, The New York Hospital has established an enviable record for its economy of operation. A study released by the Associated Hospital Service of New York (Blue Cross) indicated that of five major teaching hospitals in New York City, The New York Hospital, though its daily rates were not the lowest, still had the lowest cost per typical case, reflecting efficient management and shortened hospital stay. Paradoxically, this efficient management works against the Hospital's financial interests; the

Hospital is paid and compensated on a daily rate and not per case. If patients were kept unnecessarily in the Hospital, using beds and raising the Hospital census, it would reduce our deficits and ease our funding problems. Such a procedure, costly to patients and wasteful to precious resources, is of course unthinkable but it does illustrate the inequitable financial arrangements under which we are forced to function.

In spite of the difficult financial situation The New York Hospital is continuing to meet its responsibilities and has expanded its programs for the care of the sick, exploring new directions in order to meet modern needs. We must continue to use our every resource in order to rise to the challenges of the days and years ahead.

*New Appointments:*

Paul A. Ebert, M.D., was named Surgeon-in-Chief. The following were appointed Consultants: Edward H. Dennen, M.D., Obstetrics and Gynecology; Edmund N. Joyner, M.D., and Milogy; George F. Egan, D.M.D., Surgery (Dentistry); Ralph W. Gause, M.D., Obstetrics and Gynecology; Edmund N. Joyner, M.D. and Milton I. Levine, M.D., Pediatrics; and S. W. Moore, M.D., Surgery.

H. Richard Beresford, M.D., became Associate Attending Neurologist; Stephen Nordlicht, M.D., was named Associate Attending Psychiatrist (PWC); Elizabeth E. Mintz, Ph.D., is now Associate Attending Psychologist in Psychiatry (PWC); and Lawrence Rothenberg, Ph.D., became Attending Radiation Physicist (Radiology).

*Promotions:*

The Medical Board promoted the following to the positions listed:

Russell H. Patterson, Jr., M.D., Attending Surgeon-in-Charge, Neurosurgery;

Dicran Gouljian, Jr., M.D., Attending Surgeon-in-Charge, Plastic Surgery;

Stanley J. Behrman, D.M.D., Attending Oral Surgeon-in-Charge (Dentistry); Gerald M. Galvin, D.D.S., Associate Attending Dentist;

Rita Goldman Jacobs, M.D., Attending Anesthesiologist; John L. Fox, M.D., Anita H. Goulet, M.D., and Gail M. Ryan, M.D., Associate Attending Anesthesiologists;

Jeremiah A. Barondess, M.D., William A. Briscoe, M.D., J. Robert Buchanan, M.D., Lawrence E. Hinkle, Jr., M.D., and Lawrence Scherr, M.D., Attending Physicians;

John L. Brown, Jr., M.D., Thomas J. Degnan, M.D., Peter C. Harpel, M.D., Richard A. Herrman, M.D., J. Harry Katz, M.D., Jerrold S. Lieberman, M.D., Stephen D. Litwin, M.D., and Isadore Rosenfeld, M.D., Associate Attending Physicians;

Donald J. Reis, M.D., Attending Neurologist; Hart deC. Peterson, M.D., Associate Attending Neurologist;

Hugh R. K. Barber, M.D., Stanley J. Birnbaum, M.D., Myron I. Buchman, M.D., E. William Davis, Jr., M.D., Graham G. Hawks,

*Remodeling of the Children's Clinic has brought about continuity of doctor-patient relationships and care by appointment.*



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M.D., John L. Lewis, Jr., M.D., Samuel F. Ryan, M.D., and Howard J. Tatum, M.D., Attending Obstetricians and Gynecologists;

Alfred Brockunier, Jr., M.D., Leon I. Mann, M.D., Cyril C. Marcus, M.D., Frederick W. Martens, M.D., Virginia K. Pierce, M.D., Frederick Silverman, M.D., and E. Thomas Steadman, M.D., Associate Attending Obstetricians and Gynecologists;

George F. Gray, Jr., M.D., Associate Attending Pathologist;

Henry P. Goldberg, M.D., and Maria I. New, M.D., Attending Pediatricians; Jo Anne Brasel, M.D., Margaret C. Heagarty, M.D., John E. Lewy, M.D., and Hart deC. Peterson, M.D., Associate Attending Pediatricians;

Laurence Loeb, M.D. (WD), Stanley T. Michael, M.D. (WD), Edward L. Pinney, Jr., M.D. (PWC), Jacques M. Quen, M.D. (PWC) and Leonard R. Straub, M.D. (PWC), Associate Attending Psychiatrists;

Donald J. Reis, M.D. (WD) Attending Neurologist in Psychiatry;

Bernard Landis, Ph.D. (PWC), Jeri A. Sechzer, Ph.D., (WD), Associate Attending Psychologists in Psychiatry;

David V. Becker, M.D., Robert H. Freiburger, M.D., Herman Grossman, M.D., D. Gordon Potts, M.D., and Joseph P. Whelan, M.D., Attending Radiologists; Keith Arthur, M.D. and Robin C. Watson, M.D., Associate Attending Radiologists.

#### *Terminations:*

The following appointments were terminated:

George C. Armistead, M.D., Associate Attending Physician; Stephen Balter, Ph.D., Attending Radiation Physicist, Radiology; Richard M. Bergland, M.D., Associate Attending Surgeon, Neurosurgery; William S. Clark, M.D., Associate Attending Physician;

George O. Clifford, M.D., Associate Attending

Physician; Thomas F. Dillon, M.D., Attending Obstetrician and Gynecologist; S. Evans Ganz, M.D., Attending Otorhinolaryngologist; Rita Goldman Jacobs, M.D., Attending Anesthesiologist; Frederick C. Green, M.D., Associate Attending Pediatrician;

Herman L. Grossman, M.D., Attending Radiologist and Associate Attending Pediatrician; Nancy Holland, M.D., Attending Pediatrician; Kenneth Johnson, M.D., Associate Attending Physician; Robert W. McDivitt, M.D., Associate Attending Pathologist; Nicholas P. Milanese, M.D., Attending Otorhinolaryngologist; James C. Monteith, M.D., Consultant Radiologist (WD); I. M. Schnee, M.D., Attending Otorhinolaryngologist; W. Robert Shera, M.D., Consultant in Surgery (WD); Fred W. Stewart, M.D., Consultant Pathologist; Melvin Tefft, M.D., Associate Attending Radiologist; and Myron Winick, M.D., Attending Pediatrician.

#### *Deaths:*

Consultants: Dr. Connie Guion, Medicine, 4/29/71; Dr. Samuel Z. Levine, Pediatrics, 7/14/71; Dr. Frank J. McGowan, Surgery, 6/13/71; Dr. Walter W. Mott, Surgery (WD), 1/25/71; Dr. Eugene L. Opie, Pathology, 3/13/71; Dr. Wilson G. Smillie, Public Health, 8/15/71; Dr. Carl H. Smith, Pediatrics, 4/23/71; Dr. Phillip M. Stimson, Pediatrics, 9/13/71; Dr. May G. Wilson, Pediatrics, 6/14/71;

Attending Staff: Dr. Horace T. Gardner, Assistant Attending Physician, 12/15/70; Dr. Clara Gross, Physician to Out-Patients, 12/6/71; Dr. Elliott Hochstein, Attending Physician, 5/2/71; Dr. Herbert I. Horowitz, Assistant Attending Physician, 3/30/71; Dr. Harold L. Rosenbaum, Assistant Pediatrician (House Staff), 8/3/71; Dr. John L. Sullivan, Surgeon to Out-Patients, 2/19/71.

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Mrs. Thor Thors, Jr.  
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Mrs. John Horn  
*Second Vice-Chairman*

Mrs. A. Slade Mills  
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Mrs. Graham Hawks  
*Treasurer*

Mrs. Robert Kinzel  
*Assistant Treasurer*

Mrs. Randolph Gepfert  
*Corresponding Secretary*

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*Recording Secretary*

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David D. Thompson, M.D.  
*Comptroller*  
George J. McBride

*Associate Director for Corporate Affairs*  
H. Mefford Runyon

*Associate Directors for Professional Services*  
Susan T. Carver, M.D.  
Melville A. Platt, M.D.

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*Director, Nursing Service*  
Muriel R. Carbery, M.S., R.N.

*Director, Personnel*  
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*Dean, School of Nursing*  
Eleanor C. Lambertsen.  
Ed.D., D.Sc., R.N.

# Highlights of the Year's Statistics

## Patient Care

PATIENTS ADMITTED	1971	1970
Main Hospital	31,187	28,689
Newborn	3,177	4,087
Payne Whitney Psychiatric Clinic	499	368
The New York Hospital Westchester Division	738	572
	<u>35,601</u>	<u>33,716</u>
Patient Days, All Divisions		
Including Newborn	428,223	422,585
Visits to Out-Patient Clinics	210,603	210,674
Visits to Emergency Pavilion	39,247	31,106*

\*Excludes emergency patients  
admitted for hospitalization.

## Services to Patients

LABORATORY EXAMINATIONS	1971	1970
Bacteriology	130,569	119,021
Basal Metabolism	1,271	1,343
Blood Bank	109,702	106,225
Chemistry	534,042	519,948
Clinical Pathology	389,487	502,930
Cytology	37,618	35,771
Parasitology: Specimens only	4,954	9,345
Serology	27,303	26,642
Pediatric Endocrinology	9,134	5,206
Pediatric Hematology	47,170	47,844
Pediatric Ultra Micro-Chemistry	29,258	19,312
Radioisotope Services	6,537	7,087
Surgical Pathology	13,685	13,048
Miscellaneous	11,266	9,177
X-Ray Examinations	158,358	150,648
Operations	19,518	18,156
Deliveries	3,162	4,045
Electrocardiograms	41,381	37,811
Electroencephalograms	2,753	2,317
Social Service Interviews	89,060	93,046
Physical Therapy Treatments	21,585	19,421
Transfusions	16,649	14,611
Pharmacy Prescriptions	251,905	222,459
Record Room-New Case Records	40,750	39,500
Occupational Therapy Treatments	5,562	4,944
Recreational Therapy-Pediatrics	38,761	42,636

## Training Program

	1971
House Staff	303
Nursing Students Affiliated:	
Undergraduate Students	210
X-Ray Technician Students	34
Dental Hygienist Students	10
Dietetic Interns	17
Physical Therapist Students	19
Social Work Students	5
TOTAL	<u>598</u>
Payne Whitney Psychiatric Clinic	
House Staff	27
Westchester Division	
House Staff	26
Nursing Students	
Affiliated Undergraduates	<u>67</u>
	<u>718</u>

## Distribution of Beds

	NUMBER OF BEDS — 1971	
PAVILION (WARD)		
Medicine	142	
Surgery	134	
Urology	30	
Accident & Emergency	6	
Obstetrics & Gynecology	61	
Pediatrics	58	431
Bassinets		<u>48</u>
Total Pavilion (Ward)		479
PRIVATE		
Main Hospital	124	
Obstetrics & Gynecology	29	
Pediatrics	5	158
Bassinets		<u>16</u>
Total Private		174
SEMI-PRIVATE		
Two Bed Baker	75	
Medical & Surgical	193	
Urology	32	
Obstetrics & Gynecology	71	
Pediatrics	27	398
Bassinets		<u>15</u>
Total Semi-Private		413
Payne Whitney Clinic		104
Total New York City		<u>1,170</u>
The New York Hospital Westchester Division		<u>281</u>
Grand Total		<u>1,451</u>

# Financial Statements

THE SOCIETY OF THE NEW YORK HOSPITAL, DECEMBER 31, 1971 AND 1970

## Balance Sheets

ASSETS		1971	1970
		\$	\$
CASH		761,446	938,848
ACCOUNTS RECEIVABLE:			
Patient care, less allowances for uncollectible accounts of \$4,652,102 in 1971 and \$3,465,445 in 1970 (Note 4)		17,509,064	15,458,896
Other		1,039,420	666,637
		18,548,484	16,125,533
INVENTORIES (At average cost) AND PREPAID EXPENSES		2,150,607	2,346,525
DEFERRED PRIOR SERVICE PENSION COSTS		3,134,786	3,508,786
INVESTMENTS:			
Marketable securities, at market (cost — \$37,283,503 in 1971 and \$36,151,546 in 1970)		48,122,935	43,145,857
Real estate, at cost (including land at appraised value of \$500,000) less accumulated depreciation of \$150,379 in 1971 and \$120,399 in 1970		1,270,690	1,300,669
		49,393,625	44,446,526
PROPERTY, PLANT AND EQUIPMENT (Note 1)		66,295,718	62,486,754
Less—Accumulated depreciation		26,726,657	25,570,602
		39,569,061	36,916,152
STAFF HOUSING PROPERTY, including land of \$2,388,218, at cost (Notes 2 and 3)		21,657,729	21,651,869
Less—Accumulated depreciation		2,774,102	2,150,016
		18,883,627	19,501,853
OTHER REAL ESTATE, at cost (Note 3)		4,025,549	4,019,966
		\$136,467,185	\$127,804,189
LIABILITIES AND FUND BALANCES		1971	1970
LIABILITIES:			
Accounts payable and accrued liabilities		\$ 4,039,598	\$ 3,126,980
Temporary funds for special purposes		717,974	669,862
Accrued pension expense (Note 5)		564,730	266,464
		5,322,302	4,063,306
Notes payable (Note 3)		11,443,739	11,912,402
Total liabilities		16,766,041	15,975,708
FUND BALANCES (including unrealized appreciation of marketable securities of \$10,839,432 in 1971 and \$6,994,311 in 1970) (Note 6):			
General fund		22,345,431	21,890,214
Plant fund		44,292,196	41,841,063
		66,637,627	63,731,277
Restricted funds—			
Specific purposes		18,876,878	16,449,950
Plant replacement and expansion		14,784,793	14,129,577
Endowments		19,401,846	17,517,677
		119,701,144	111,828,481
		\$136,467,185	\$127,804,189

The accompanying notes to financial statements are an integral part of these balance sheets.

## Statements of Income (Loss)

FOR THE YEARS ENDED DECEMBER 31, 1971 AND 1970

	1971	1970
OPERATING INCOME:		
Care of patients, net (Note 4)	\$66,208,545	\$56,985,410
Other, net (Note 2)	2,522,138	2,171,532
Total operating income	68,730,683	59,156,942
OPERATING EXPENSES:		
Nursing	22,550,774	19,991,453
Other professional services	19,780,346	17,175,883
Household and property operation	8,841,360	7,327,503
Nutrition	4,876,135	4,313,440
Provision for depreciation (Note 1)	1,910,596	1,771,280
Provision for employees' retirement plan (Note 5)	2,224,489	2,328,024
Administrative and general	11,190,563	9,463,796
Total operating expenses	71,374,263	62,371,379
Operating deficit	( 2,643,580)	( 3,214,437)
INCOME FROM INVESTMENTS AND CHARITABLE TRUSTS	1,502,495	1,274,406
Deficit for the year before current contributions and extraordinary credit	( 1,141,085)	( 1,940,031)
CURRENT CONTRIBUTIONS:		
Amounts designated for special purposes and for psychiatric divisions	876,705	884,445
Distributions from the United Hospital Fund and The Greater New York Fund	259,544	300,909
Memberships and contributions	658,031	478,321
Total current contributions	1,794,280	1,663,675
Less—Amounts designated for special purposes transferred to temporary funds	795,321	742,504
Net current contributions	998,959	921,171
EXTRAORDINARY CREDIT—Net insurance proceeds for damaged files	—	347,873
Net loss for the year transferred to fund balance	(\$ 142,126)	(\$ 670,987)

## Statements of Changes in Fund Balances

FOR THE YEARS ENDED DECEMBER 31, 1971 AND 1970

	1971					1970
	Restricted Funds					Total Funds
	General and Plant Funds	Specific Purposes	Plant Replacement and Expansion	Endowments	Total Funds	Total Funds
BALANCES, Beginning of year	\$63,731,277	\$16,449,950	\$14,129,577	\$17,517,677	\$111,828,481	\$110,239,840
Add (Deduct):						
Net income (loss) for the year	( 303,897)	161,771	—	—	( 142,126)	( 670,987)
Legacies and restricted gifts	338,008	246,515	1,018,649	67,683	1,670,855	1,938,423
Unexpended restricted income earned on investments of restricted funds		121,068	659,954	—	781,022	810,011
Appreciation (depreciation) of marketable securities—						
Realized, net		543,085	504,751	664,111	1,711,947	793,342
Unrealized	101,307	1,354,489	1,236,950	1,152,375	3,845,121	( 1,313,307)
Property transactions—						
Additions to fixed assets	4,266,310	—	( 4,266,310)	—	—	—
Segregation of assets for plant replacement required by third-party payor (Note 7)	( 1,501,222)	—	1,501,222	—	—	—
Miscellaneous—net	5,844	—	—	—	5,844	31,159
BALANCES, End of year	\$66,637,627	\$18,876,878	\$14,784,793	\$19,401,846	\$119,701,144	\$111,828,481

The accompanying notes to financial statements are an integral part of these statements.

# Statements of Changes in Financial Position

FOR THE YEARS ENDED DECEMBER 31, 1971 AND 1970

	1971	1970
SOURCE OF FUNDS:		
From operations—		
Operating deficit	(\$2,643,580)	(\$3,214,437)
Expenses not requiring outlay of cash in the current period—		
Depreciation (Notes 1 and 2)	2,535,402	2,422,486
Amortization of deferred prior service pension costs	374,000	374,000
	<u>265,822</u>	<u>( 417,951 )</u>
Unrestricted income from—		
Investments and charitable trusts	1,502,495	1,274,406
Contributions	998,959	921,171
Legacies	338,008	1,112,538
	<u>2,839,462</u>	<u>3,308,115</u>
Restricted income from—		
Realized gains on sale of securities	1,711,947	793,342
Legacies and gifts	1,332,847	825,885
Investments	781,022	810,011
	<u>3,825,816</u>	<u>2,429,238</u>
Temporary funds—		
Contributions	795,231	742,503
Investment income	115,576	85,182
Proceeds from insurance recovery for damaged files	—	347,873
Issuance of mortgage note payable	—	2,500,000
Increase in accounts payable and accrued liabilities	912,618	426,335
Total funds provided	<u>8,754,525</u>	<u>9,421,295</u>
APPLICATION OF FUNDS:		
Additions to property, plant and equipment	4,569,824	3,445,771
Increase in investments, at cost	1,101,978	2,902,237
Increase in accounts receivable	2,422,951	666,979
Utilization of temporary funds for purposes designated	862,695	840,499
Decrease (increase) in accrued pension liability	( 298,266 )	972,688
Increase in deferred prior service pension costs	—	1,260,848
Principal payments on notes payable (Note 3)	468,663	467,558
Other (net)	( 195,918 )	396,320
Total funds applied	<u>8,931,927</u>	<u>10,952,900</u>
Resultant decrease in cash	<u>177,402</u>	<u>1,531,605</u>
CASH BALANCE, January 1	938,848	2,470,453
CASH BALANCE, December 31	<u>\$ 761,446</u>	<u>\$ 938,848</u>

The accompanying notes to financial statements are an integral part of these statements.

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 1971

- (1) The following tabulation sets forth the property, plant and equipment accounts of the Society at December 31, 1971:

	GROSS AMOUNT	ACCUMULATED DEPRECIATION	NET AMOUNT
Land, at assessed values at December 31, 1943, plus subsequent additions at cost or fair market value at date of gift:			
New York Division	\$ 3,085,944	\$ ---	\$ 3,085,944
Payne Whitney Psychiatric Division	190,350	---	190,350
Westchester Division	1,021,901	---	1,021,901
	<u>4,298,195</u>	<u>---</u>	<u>4,298,195</u>
Buildings, at cost:			
New York Division	19,946,250	7,074,714	12,871,536
Payne Whitney Psychiatric Division	1,713,908	960,944	752,964
Westchester Division	7,951,324	4,568,134	3,383,190
	<u>29,611,482</u>	<u>12,603,792</u>	<u>17,007,690</u>
Building fixtures and equipment, etc., at cost:			
New York Division	25,945,138	11,053,178	14,891,960
Payne Whitney Psychiatric Division	1,225,359	794,266	431,093
Westchester Division	5,215,543	2,275,421	2,940,122
	<u>32,386,040</u>	<u>14,122,865</u>	<u>18,263,175</u>
Medical school buildings, at nominal value	1	---	1
	<u>\$66,295,718</u>	<u>\$26,726,657</u>	<u>\$39,569,061</u>

Depreciation is provided on the straight-line method using estimated lives of 20 to 40 years for buildings and 10 to 25 years for building fixtures and equipment.

- (2) At December 31, 1971, staff housing property of the Society consists of the following:

	COST	ACCUMULATED DEPRECIATION	NET AMOUNT
Laurence G. Payson House	\$13,874,723	\$ 1,483,443	\$12,391,280
445 East 68th Street	3,314,472	319,874	2,994,598
Staff Residence House	2,267,985	657,280	1,610,705
Sutton Terrace Apartments (10% undivided interest)	1,816,872	138,035	1,678,837
1303 York Avenue	257,738	106,973	150,765
434 East 70th Street	125,939	68,497	57,442
	<u>\$21,657,729</u>	<u>\$ 2,774,102</u>	<u>\$18,883,627</u>

Depreciation of staff housing is provided on the straight-line method using estimated useful lives of 40 to 50 years for buildings and 10 to 20 years for building fixtures and equipment. The 1971 and 1970 provisions for depreciation in the amounts of \$624,806 and \$651,206, respectively, have been charged to related rental income included in other operating income.

- (3) Notes payable at December 31, 1971, consist of the following:

	PRINCIPAL AMOUNT
Staff Housing Property Mortgage Notes:	
5% mortgage payable in quarterly installments, including interest, of \$142,462 to November 1, 1984; secured by Laurence G. Payson House land and building	\$ 5,423,208
8% mortgage payable in quarterly installments, including interest, of \$62,925 to October 19, 1989; secured by 445 East 68th Street	2,403,912
5½% mortgage payable in monthly installments, including interest, of \$10,803 to November 1, 1991; secured by Staff Residence House	1,563,234
5½% and 5¼% mortgages on Sutton Terrace Apartments, payable from rental income (Note 2)	964,156
	<u>10,354,510</u>
Other Real Estate Mortgage Notes:	
6% to 7% mortgages payable in quarterly installments, including interest, of \$10,165, maturing from October 31, 1972 to January 1, 1974; secured by \$606,202 of total cost of other real estate	199,487
Other Note Payable:	
4% unsecured note payable in monthly installments, including interest, of \$6,060 to December 1, 1988	889,742
	<u>\$11,443,739</u>

The current portion of notes payable at December 31, 1971 amounts to \$589,800.

- (4) A substantial portion of patient care revenue is derived from funds provided on behalf of patients under Federal, state and local medical assistance programs and Blue Cross insurance plans. Revenue from these sources is related to cost reimbursement principles and is subject to audit by the applicable agencies. In the opinion of management, such principles have been properly applied in the determination of recorded revenues.
  - (5) The 1971 provision of \$2,224,489 for the noncontributory retirement plan which covers all employees, includes the amortization of unfunded prior service costs over a twenty-year period. In 1970, the provision of \$2,328,024 included a provision for the amortization of unfunded prior service costs over a ten-year period. This change in 1971 from the amortization of unfunded prior service costs over a ten-year period to a twenty-year period resulted in a decrease in pension expense of approximately \$552,000. The Society's policy is to fund pension costs accrued. At December 31, 1971, the value of the retirement fund assets exceeds the actuarially computed value of vested benefits.
  - (6) The Society's share of unpaid pledges to the Fund for Medical Progress, a joint fund-raising campaign with Cornell University Medical College for capital and endowment needs of The New York Hospital—Cornell Medical Center was approximately \$900,000 at December 31, 1971. Such pledges have not been recorded in the accompanying financial statements. The Society is the beneficiary of bequests and gifts under various wills and trusts, etc., the realizable amounts of which are not presently determinable.
  - (7) The Society is required by the Associated Hospital Service of New York (Blue Cross) to segregate in a replacement reserve, current assets in an amount equal to all depreciation costs applicable to fixed assets used in providing service to patients, other than at the Westchester Division. Accordingly, \$1,501,222 was transferred to Plant Replacement and Expansion Funds during 1971.
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**ARTHUR ANDERSEN & CO.**

NEW YORK, N. Y.

To the Board of Governors,

The Society of the New York Hospital:

We have examined the balance sheets of The Society of the New York Hospital (a charitable corporation organized in New York in 1771) as of December 31, 1971 and 1970, and the related statements of income (loss), changes in fund balances and changes in financial position for the years then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying financial statements present fairly the assets, liabilities and fund balances of The Society of the New York Hospital as of December 31, 1971 and 1970, and the results of its operations and changes in financial position for the years then ended, in conformity with generally accepted accounting principles which, other than for the change in the method of providing for pension costs in 1971 as described in Note 5 to the financial statements, were consistently applied during the periods.

Arthur Andersen & Co.

March 24, 1972.

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1907 Catherine L. R. Catlin In memory of her brother, N. W. Stuyvesant Catlin	1923 Mary A. FitzGerald
1908 Kate Fearing Welman In memory of her father, Charles Edward Strong	1924 Lena Cadwalader Evans In memory of her grandfather, Israel Corse, a former governor of this Hospital, and his daughter, Lena Burr Corse Evans
1909 Fanny A. Haven In memory of her husband, George Griswold Haven	1924 William G. DeWitt In memory of his brother, Theodore DeWitt
1909 Joel S. Mason In memory of his parents, Joel Whitney Mason and Mary Elizabeth Mason	1925 William P. Wainwright In memory of his father, William P. Wainwright
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1915 Annie L. Morris In memory of her husband, Fordham Morris, who died in 1909	1927 Charles H. Wainwright In memory of his brother, William P. Wainwright
1916 Benjamin Robert Winthrop In memory of his father, Benjamin Robert Winthrop	

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| 1929 | Peter F. Meyer and Lizzie O. Meyer  | 1949 | Louise M. Griffin<br>In memory of her mother<br>Pauline Pryibil Hoffmann   |
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| 1933 | William James Boucher<br>In memory of his father and mother,<br>John and Lydia Lawrence Boucher                               | 1950 | G. Beekman Hoppin Memorial Bed   |
| 1934 | Jean Brown Jennings<br>In memory of her husband, Walter Jennings  | 1951 | The Dillon Fund  |
| 1934 | Oliver Burr Jennings, Jeanette Jennings Taylor,<br>Constance Jennings Ely<br>In memory of their father, Walter Jennings       | 1953 | Max Rice   |
| 1934 | Mary Isabella Meek  | 1954 | John Jay, 1875-1928, Memorial Bed  |
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| 1943 | The Pleasant Valley Mills Bed   | 1958 | In memory of Tillie Burgauer Nathan, 1862-1933<br>Dedicated by her son, Garfield Arthur Nathan   |
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| 1944 | Howard Gould and Margarete M. Gould   | 1963 | Mr. and Mrs. Edgar Seldon Bloom<br>In memory of Mrs. Bloom's parents,<br>James Boyle Wallace and<br>Fannie McKeon Wallace  |
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*Pediatrics*

Horace S. Baldwin, M.D.  
*Medicine*

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*Obs. & Gyn.*

Connie M. Guion, M.D.  
*Medicine*  
*Deceased 4/29/71*

Edmund N. Joyner, III, M.D.  
*Pediatrics*

Hedwig Koenig, M.D.  
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Milton I. Levine, M.D.  
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Samuel Z. Levine, M.D.  
*Pediatrics*  
*Deceased 7/14/71*

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*Surgery*  
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Ade T. Milhorat, M.D.  
*Medicine*

S. W. Moore, M.D.  
*Surgery*

Walter W. Mott, M.D.  
*Surgery (WD)*  
*Deceased 1/25/71*

Joseph N. Nathanson, M.D.  
*Obs. & Gyn.*

Eugene L. Opie, M.D.  
*Pathology*  
*Deceased 3/13/71*

Russel H. Patterson, M.D.  
*Surgery*

Paul Reznikoff, M.D.  
*Medicine*

Wilson G. Smillie, M.D.  
*Public Health*  
*Deceased 8/15/71*

Carl H. Smith, M.D.  
*Pediatrics*  
*Deceased 4/23/71*

Fred W. Stewart, M.D.  
*Pathology*

Harold J. Stewart, M.D.  
*Medicine*

Philip Moen Stimson, M.D.  
*Pediatrics*  
*Deceased 9/13/71*

T. Campbell Thompson, M.D.  
*Orthopedics*

Edward Tolstoi, M.D.  
*Medicine*

Preston A. Wade, M.D.  
*Surgery*

Bruce P. Webster, M.D.  
*Medicine*

Charles A. Weymuller, M.D.  
*Pediatrics*

May G. Wilson, M.D.  
*Pediatrics*

*Deceased 6/14/71*

Irving S. Wright, M.D.  
*Medicine*

---

## Anesthesiology

ANESTHESIOLOGIST-IN-CHIEF  
Joseph F. Artusio, Jr., M.D.

ATTENDING ANESTHESIOLOGISTS

Irving Berlin, M.D.  
William Howland, M.D.  
Rita G. Jacobs, M.D.  
Seamus Lynch, M.D.  
Benjamin E. Marbury, M.D.  
Cyril Sanger, M.D.  
Olga Schweizer, M.D.  
Marjorie J. Topkins, M.D.  
Alan Van Poznak, M.D.  
Gerald Wolf, M.D.

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ANESTHESIOLOGISTS  
Herbert L. Erlanger, M.D.  
John L. Fox, M.D.  
Anita Goulet, M.D.  
Charles Lomanto, M.D.  
Gail Ryan, M.D.

ASSISTANT ATTENDING

ANESTHESIOLOGISTS  
Sonia Armengol, M.D.  
Leslie L. Balazs, M.D.  
Raymond Barile, M.D.  
Dragan Borovac, M.D.  
John S. L. Chen, M.D.  
Richard Alan Cozine, M.D.  
Gabriel G. Curtis, M.D.  
Paul L. Goldiner, M.D.  
John G. Halverstam, M.D.  
Aileen Kass, M.D.  
Louis J. Maggio, M.D.  
Paul M. Nonkin, M.D.  
Sharon Marie Rooney, M.D.  
Carol M. Rothman, M.D.  
Jerold Schwartz, M.D.  
David Susman, M.D.  
Liebert Turner, M.D.  
Judith K. Weingram, M.D.  
Archibald Wightman, M.D.

## Graduate Staff

ANESTHESIOLOGISTS  
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Harry I. Brown, M.D.  
Myunghwan Chang, M.D.  
Erlina Lobrin Farcon, M.D.

Rahmo Hanono, M.D.  
Jae-Koo Kim, M.D.  
Moon Young Kim, M.D.  
Mohan Hammantaroo Kulkarni,  
M.D.

Romeo V. Laurente, M.D.  
Tote Malvar, M.D.  
Mieczslaw Midura, M.D.  
Luis da Graca Miranda, M.D.  
Susan J. Restituto, M.D.  
Fe Luna Rosas, M.D.  
Anna Stanec, M.D.  
Sheldon H. Steinbach, M.D.  
Dragan Vuckovic, M.D.

ASSISTANT ANESTHESIOLOGISTS

Dennis John Hascott, M.D.  
Song-Dow Lee, M.D.  
Yung Min Lee, M.D.  
Ronald A. Leff, M.D.  
Bong Hee Park, M.D.  
Stojmil Veselin Petkov, M.D.  
Fikry Kamel Shihata, M.D.

---

## Medicine

PHYSICIAN-IN-CHIEF

Alexander G. Bearn, M.D.

ATTENDING PHYSICIANS

Edward H. Ahrens, Jr., M.D.  
Benjamin Alexander, M.D.  
Jeremiah A. Barondess, M.D.  
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William A. Briscoe, M.D.  
J. Robert Buchanan, M.D.  
Charles L. Christian, M.D.  
Farrington Daniels, Jr., M.D.  
Vincent P. Dole, M.D.  
Murray Dworetzky, M.D.  
Ralph L. Engle, Jr., M.D.  
Aaron Feder, M.D.  
Lawrence E. Hinkle, Jr., M.D.  
Elliott Hochstein, M.D.  
*Deceased 5/2/71*

William H. Kammerer, M.D.  
Attallah Kappas, M.D.  
B. H. Kean, M.D.  
Thomas Killip, M.D.  
Allyn B. Levy, M.D.  
E. Hugh Luckey, M.D.  
Walsh McDermott, M.D.  
Carl Muschenheim, M.D.  
W. P. Laird Myers, M.D.  
Ralph E. Peterson, M.D.  
George C. Reader, M.D.  
Sidney Rothbard, M.D.  
Lawrence Scherr, M.D.  
J. James Smith, M.D.  
David D. Thompson, M.D.  
Douglas P. Torre, M.D.  
Robert F. Watson, M.D.

## PROFESSIONAL STAFF

### ASSOCIATE ATTENDING PHYSICIANS

Seymour Advocate, M.D.  
Lucien I. Arditi, M.D.  
George C. Armistead, Jr., M.D.  
Sam C. Atkinson, M.D.  
Lloyd T. Barnes, M.D.  
David V. Becker, M.D.  
Norman Brachfeld, M.D.  
John L. Brown, M.D.  
Henry A. Carr, M.D.  
Aaron D. Chaves, M.D.  
William N. Christenson, M.D.  
Hartwig Cleve, M.D.  
George O. Clifford, M.D.  
Eugene J. Cohen, M.D.  
B. Shannon Danes, M.D.  
Thomas J. Degnan, M.D.  
John W. Dougherty, M.D.  
Robert E. Eckardt, M.D.  
William J. Eisenmenger, M.D.  
Henry R. Erle, M.D.  
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William T. Foley, M.D.  
Constance Friess, M.D.  
William Geller, M.D.  
Eugene L. Gottfried, M.D.  
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Peter C. Harpel, M.D.  
Leonard L. Heimoff, M.D.  
Henry O. Heinemann, M.D.  
Richard A. Herrmann, M.D.  
Lawrence B. Hobson, M.D.  
Melvin Horwith, M.D.  
Abraham S. Jacobson, M.D.  
Norman B. Javitt, M.D.  
J. Harry Katz, M.D.  
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Frederic T. Kirkham, Jr., M.D.  
Herbert Koteen, M.D.  
John S. LaDue, M.D.  
Richard E. Lee, M.D.  
Jerrold S. Lieberman, M.D.  
Martin Lipkin, M.D.  
Stephen D. Litwin, M.D.  
Edward J. Lorenze, M.D.  
Daniel S. Lukas, M.D.  
Aaron J. Marcus, M.D.  
Klaus Mayer, M.D.  
A. Parks McCombs, M.D.  
Ellen McDevitt, M.D.  
Ralph L. Nachman, M.D.  
Mary Ann Payne, M.D.  
R. A. Rees Pritchett, M.D.  
Jack Richard, M.D.  
Edgar A. Riley, M.D.  
William C. Robbins, M.D.  
Richard B. Roberts, M.D.  
Thomas N. Roberts, M.D.  
Bernard Rogoff, M.D.  
Isadore Rosenfeld, M.D.  
Ernest Schwartz, M.D.

Arthur W. Seligmann, M.D.  
Paul Sherlock, M.D.  
Richard T. Silver, M.D.  
Gregory W. Siskind, M.D.  
Lawrence S. Sonkin, M.D.  
Herman Steinberg, M.D.  
Peter E. Stokes, M.D.  
Richard W. Stone, M.D.  
Alphonse E. Timpanelli, M.D.  
Aaron O. Wells, M.D.  
Byard Williams, M.D.  
A. Lee Winston, M.D.

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Henriette E. Abel, M.D.  
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Diana C. Argyros, M.D.  
Donald Armstrong, M.D.  
Alfred L. Aronson, M.D.  
Curtis H. Baylor, M.D.  
Bry Benjamin, M.D.  
Hermina Z. Benjamin, M.D.  
Carl A. Bernsten, M.D.  
Harry Bienenstock, M.D.  
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Robert G. Brayton, M.D.  
Donald J. Cameron, M.D.  
Susan T. Carver, M.D.  
Eric A. Cassell, M.D.  
Foen B. Chu, M.D.  
Vincent A. Cipollaro, M.D.  
Hugh E. Claremont, M.D.  
Melva A. Clark, M.D.  
Morton I. Coleman, M.D.  
C. Stephen Connolly, M.D.  
Francis P. Coombs, M.D.  
Denton S. Cox, M.D.  
Jean H. A. Cramer, M.D.  
Marion Davis, M.D.  
Frank G. deFuria, M.D.  
Mark Degnan, M.D.  
Monroe T. Diamond, M.D.  
Carolyn H. Diehl, M.D.  
Adrian L. Edwards, M.D.  
Borje E. V. Ejrup, M.D.  
Ralph A. Eskesen, M.D.  
Edwin Ettinger, M.D.  
Thomas J. Fahey, Jr., M.D.  
George A. Falk, M.D.  
Claude E. Forkner, Jr., M.D.  
Martin Gardy, M.D.  
David L. Globus, M.D.  
Howard Goldin, M.D.  
George W. Gorham, M.D.  
Jose L. Granda, M.D.  
Ernest J. Greenberg, M.D.  
Stephen J. Gulotta, M.D.  
Roger P. Hand, M.D.

Marshall J. Hanley, M.D.  
Arthur Hull Hayes, Jr., M.D.  
Joseph G. Hayes, M.D.  
Ann C. Hill, M.D.  
Raymond B. Hochman, M.D.  
Herbert I. Horowitz, M.D.

*Deceased 3/30/71*

Donald W. Hoskins, M.D.  
James R. Hurley, M.D.  
Norman J. Isaacs, M.D.  
Warren D. Johnson, Jr., M.D.  
Vincent A. Joy, M.D.  
Lawrence J. Kagen, M.D.  
Ivan Kahn, M.D.

Thomas K. C. King, M.D.  
Harvey Klein, M.D.  
Neil C. Klein, M.D.  
Edward M. Kline, M.D.  
Susan A. Kline, M.D.  
Mary Jeanne Kreek, M.D.  
Costas M. Lambrew, M.D.  
Harold L. Leder, M.D.  
Leo R. Lese, M.D.  
Marjorie G. Lewisohn, M.D.  
Philip R. Liebson, M.D.  
Robert W. Lightfoot, M.D.  
Michael D. Lockshin, M.D.  
Luther B. Lowe, Jr., M.D.  
Norton M. Luger, M.D.  
Nicholas T. Macris, M.D.  
Mark R. Marciano, M.D.  
John Patrick McCann, M.D.  
James F. McGovern, M.D.  
George A. McLemore, Jr., M.D.  
Allen W. Mead, M.D.  
Walter Modell, M.D.  
David W. Molander, M.D.  
John B. Morrison, M.D.  
Willis A. Murphy, M.D.  
Willibald Nagler, M.D.  
Irwin Nydick, M.D.  
Marie E. Nyswander, M.D.  
Francis S. Perrone, M.D.  
Paul E. Phillips, M.D.  
Aurelia Potor, M.D.  
John H. Prunier, M.D.  
Arleen B. Rifkind, M.D.  
Seymour H. Rinzler, M.D.  
Albert M. Ross, M.D.  
Emmanuel Rudd, M.D.  
Lawrence Scharer, M.D.  
Stephen S. Scheidt, M.D.  
Leonard H. Schuyler, M.D.  
Frank A. Seixas, M.D.  
Charles Sheard, III, M.D.  
Raymond L. Sherman, M.D.  
Gerald M. Silverman, M.D.  
Harry A. Sinclair, M.D.  
James P. Smith, Jr., M.D.  
J. Kelly Smith, M.D.  
Henry A. Solomon, M.D.  
Herbert J. Spoor, M.D.  
Charles Robb Steinberg, M.D.

Peter H. Stern, M.D.  
Robert Thoburn, M.D.  
Robert J. Timberger, M.D.  
Louis J. Vorhaus, M.D.  
Gary I. Wadler, M.D.  
Lila A. Wallis, M.D.  
Clinton G. Weiman, M.D.  
Babette B. Weksler, M.D.  
Marc E. Weksler, M.D.  
Carl Wierum, M.D.

*Leave of absence to 6/30/72*

Sidney J. Winawer, M.D.  
Robert J. Winchester, M.D.  
Michael J. Wolk, M.D.

### PHYSICIANS TO OUTPATIENTS

Karl E. Anderson, M.D.  
Robert S. Ascheim, M.D.  
Ralph A. Baer, M.D.  
Harry S. Berkoff, M.D.  
Samuel H. Brethwaite, M.D.  
Robert L. Collier, M.D.  
Alan H. Covey, M.D.  
C. Pinckney Deal, Jr., M.D.  
Dominic M. DePalma, M.D.  
Edgar J. Desser, M.D.  
Lewis M. Drusin, M.D.  
Aldo R. Faga, M.D.  
Joseph C. Fratantoni, M.D.  
Wilbur Gershenson, M.D.  
Joel S. Gitlin, M.D.  
David Gluck, M.D.  
Margery Golden, M.D.  
Charles H. Goodsell, M.D.  
Clara R. Gross, M.D.

*Deceased 12/6/71*

Scott M. Grundy, M.D.  
Jack R. Harnes, M.D.  
Helene Holtz, M.D.  
Teng-Lung Hsu, M.D.  
Eric A. Jaffe, M.D.  
Thomas P. Jernigan, M.D.  
Thomas C. Jones, M.D.  
Neil Kaplowitz, M.D.  
Anna Kara, M.D.  
Adib Karam, M.D.  
Arthur Karanas, M.D.  
Herman E. Kattlove, M.D.  
Ludwig Klein, M.D.  
Marianne Lindner, M.D.  
Sonia D. Lindo, M.D.  
John F. Marchand, M.D.  
I. Ira Mason, M.D.  
N. Eileen McGrath, M.D.  
Donald G. McKaba, M.D.  
Robert B. Millman, M.D.  
Walter E. Mountcastle, III, M.D.  
Martin Nydick, M.D.  
Normand E. Olivier, M.D.  
Richard Perkins, M.D.  
Raymond E. Phillips, M.D.  
Arthur d. Philson, M.D.  
Sanford M. Reiss, M.D.

Charles Ressler, M.D.  
 Nathaniel Ritter, M.D.  
 Melvin Rubenstein, M.D.  
 Ross V. Sayers, M.D.  
 Robert A. Schaefer, M.D.  
 David Shapiro, M.D.  
 Maurice A. Shinefield, M.D.  
 Alan G. Snart, M.D.  
 Martin Sonenberg, M.D.  
 Frank J. Troncale, M.D.  
 Thomas L. Tuttle, M.D.  
 Leonard Vinick, M.D.  
 Stanley S. Yormak, M.D.

ASSISTANT PHYSICIAN  
 TO OUTPATIENTS  
 Ross F. Neisuler, M.D.

PROVISIONAL ASSISTANT  
 PHYSICIANS TO OUTPATIENTS  
 Yukio Ando, M.D.  
 Stefano Bombardieri, M.D.  
 Niall D. C. Finlayson, M.D.  
 Thomas Hutteroth, M.D.  
 Alexander Rommler, M.D.

PROVISIONAL ASSISTANT  
 PHYSICIANS  
 Michael Borecky, M.D.  
 Michael Mainardi, M.D.  
 James W. Reid, M.D.

## Graduate Staff

PHYSICIANS  
 Anthony S. Fauci, M.D.  
 Francis M. Weld, M.D.

ASSISTANT PHYSICIANS  
 Albert A. Abbey, M.D.  
 Nasir Ali, M.D.  
 Ana Isabel Anderson-Imbert  
 Carl S. Apstein, M.D.  
 Martin Barandes, M.D.  
 Nusen Beer, M.D.  
 Joseph A. Belladonna, M.D.  
 Kalman J. Berenyi, M.D.  
 Gary A. Bergeron, M.D.  
 David F. Berkowitz, M.D.  
 Jeel M. Blumberg, M.D.  
 James S. Borges, M.D.  
 Barry D. Brause, M.D.  
 Steven J. Burakoff, M.D.  
 Michael Caruso, M.D.  
 Anthony J. Casella, M.D.  
 Yolanda Alt. Cestero, M.D.  
 Paul Chang, M.D.  
 James P. Christodoulou, M.D.  
 James I. Cleeman, M.D.  
 Richard C. Connors, M.D.  
 Gerald J. Cordani, M.D.  
 John R. Crouse, III, M.D.  
 Beverly F. Deren, M.D.

Dennis L. DeSilvey, M.D.  
 Howard B. Dickler, M.D.  
 David C. Dodge, III, M.D.  
 Ira N. Doneson, M.D.  
 Joseph C. Dreyfus, III, M.D.  
 James Eisenberg, M.D.  
 Robert L. Erickson, M.D.  
 Lloyd K. Everson, M.D.  
 Lewis M. Feder, M.D.  
 Alan O. Feingold, M.D.  
 Ronald Fine, M.D.  
 Steven L. Fish, M.D.  
 Bruce D. Fisher, M.D.  
 John D. Fisher, M.D.  
 Kathleen M. Foley, M.D.  
 William B. Freedman, M.D.  
 David L. Geffner, M.D.  
 Stuart W. Gillim, M.D.  
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 Linda D. Green, M.D.  
 Dirk K. Greineder, M.D.  
 Valee Harisdangkul, M.D.  
 Victor Hrehorovich, M.D.  
 Keith A. Hrushka, M.D.  
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 Daniel C. Ihde, M.D.  
 Julianne Imperato, M.D.  
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 Richard A. Katz, M.D.  
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 Stephen A. Koff, M.D.  
 Alan E. Kravitz, M.D.  
 Roger W. Kula, M.D.  
 Robert C. Kurtz, M.D.  
 Aron Lantz, M.D.  
 Carl M. Lieberman, M.D.  
 Morton Liebowitz, M.D.  
 Charles J. Lightdale, M.D.  
 Lester Lockspieser, M.D.  
 Alan Lockwood, M.D.  
 Yang S. Lu, M.D.  
 Michael MacQuarrie, M.D.  
 Bruce Marmor, M.D.  
 Stuart M. Miller, M.D.  
 Anne Moore, M.D.  
 Alice M. O'Shaughnessy, M.D.  
 Mark Pasmantier, M.D.  
 J. Elliott Paulson, M.D.  
 Roy A. Pizzarello, M.D.  
 Martin R. Post, M.D.  
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 Joseph D. Robinson, M.D.  
 John S. Rodman, M.D.  
 Michael Sanders, M.D.  
 Ronald J. Saykaly, M.D.  
 Jerome J. Schnapp, M.D.  
 Howard S. Schwartz, M.D.  
 Abbas Sedaghat, M.D.

Phillip B. Serlin, M.D.  
 Harvey S. Sherber, M.D.  
 Edward A. Sickles, M.D.  
 Charles Smithen, M.D.  
 Richard Stern, M.D.  
 Ira I. Sussman, M.D.  
 Erick J. Thomas, M.D.  
 Nikolaus Thurnherr, M.D.  
 Henry B. St. G. Tucker, M.D.  
 Joseph S. Tulumello, M.D.  
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 Vidvud Valdmans, M.D.  
 George A. Vas, M.D.  
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 Jack Waxman, M.D.  
 Melvin Weiss, M.D.  
 Gary N. Wilner, M.D.  
 John C. Wolfe, M.D.  
 Stuart M. Young, M.D.  
 Stanley M. Zaborowski, M.D.

INTERNS  
 Steven A. Atlas, M.D.  
 Richard S. Bailyn, M.D.  
 Dennis J. Beckley, M.D.  
 Ernest R. Braasch, M.D.  
 W. Robert Brinton, M.D.  
 James R. Cohen, M.D.  
 Sami S. David, M.D.  
 Alfred C. DeCuitis, M.D.  
 Richard B. Devereux, M.D.  
 David M. DuBose, M.D.  
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 Arnold Edwin Eggers, M.D.  
 Robert Alan Eisenberg, M.D.  
 Ellen W. Friedman, M.D.  
 Jon W. M. Gold, M.D.  
 James Charles Grotta, M.D.  
 Joseph Sandor Haraszti, M.D.  
 James R. Heiby, M.D.  
 John B. Hughes, M.D.  
 John Joseph Janick, M.D.  
 Michael D. Kaufman, M.D.  
 Richard M. Klein, M.D.  
 Francis P. LeBuffe, M.D.  
 Clifford R. Miller, M.D.  
 Peter A. Monoson, M.D.  
 Jack E. Nissim, M.D.  
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 Frank W. Ryning, M.D.  
 Roger P. Simon, M.D.  
 David M. Slovik, M.D.  
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 James R. Spears, M.D.  
 Adam N. Steinberg, M.D.  
 David Wixson, M.D.  
 Thomas M. Woodcock, M.D.  
 Neil P. Zaubner, M.D.

PODIATRIST  
 Martin Gilman, Pod.D.

## Neurology

NEUROLOGIST-IN-CHIEF  
 Fred Plum, M.D.  
*Leave of absence 2/1 - 6/30/71*

ACTING NEUROLOGIST-IN-CHIEF  
 Fletcher H. McDowell, M.D.  
 2/1 - 6/30/71

ATTENDING NEUROLOGISTS  
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 Jerome B. Posner, M.D.  
 Donald J. Reis, M.D.

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 Henn Kutt, M.D.  
 John E. Lee, M.D.  
 Paul R. McHugh, M.D.  
 Hart deC. Peterson, M.D.

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 Walter A. Camp, M.D.  
 Richard R. Carruthers, M.D.  
 Norman L. Chernik, M.D.  
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 Sydney J. Louis, M.D.  
 William R. Shapiro, M.D.  
 Gail E. Solomon, M.D.  
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 Lewis N. Travis, M.D.  
 Peter Tsairis, M.D.  
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 Philip H. Zweifach, M.D.  
 (Ophth.)

PROVISIONAL NEUROLOGIST  
 TO OUTPATIENTS  
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PROVISIONAL ASSISTANT  
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 Frank Petito, M.D.  
 Richard W. Price, M.D.  
 Kurt Sligar, M.D.

ASSISTANT NEUROLOGISTS  
 Ira B. Black, M.D.

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David E. Dine, M.D.  
Richard N. Edelson, M.D.  
Kathleen M. Foley, M.D.  
Sami Harik, M.D.  
Allan Jacobs, M.D.  
Jeffrey T. Kessler, M.D.  
David E. Levy, M.D.  
Robert C. Vannucci, M.D.  
Dean F. Young, M.D.

## Obstetrics and Gynecology

OBSTETRICIAN AND  
GYNECOLOGIST-IN-CHIEF  
Fritz Fuchs, M.D.  
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AND GYNECOLOGISTS  
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Elmer E. Kramer, M.D.  
Robert Landesman, M.D.  
John L. Lewis, Jr., M.D.  
Samuel F. Ryan, M.D.  
George Schaefer, M.D.  
William J. Sweeney, III, M.D.  
Howard J. Tatum, M.D.

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GYNECOLOGISTS  
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Hortense M. Gandy, M.D.  
Leon I. Mann, M.D.  
Cyril C. Marcus, M.D.  
Stewart L. Marcus, M.D.  
Frederick W. Martens, M.D.  
Irwin R. Merkat, M.D.  
Bernard N. Nathanson, M.D.  
Virginia K. Pierce, M.D.  
Melville A. Platt, M.D.  
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Frederick Silverman, M.D.  
E. Fletcher Smith, M.D.  
E. Thomas Steadman, M.D.  
Robert E. Wicche, M.D.

ASSISTANT ATTENDING OBSTE-  
TRICIANS AND GYNECOLOGISTS  
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Charles H. Bippart, Jr., M.D.  
Jerome H. Brander, M.D.  
Ronald M. Caplan, M.D.  
Lars L. Cederqvist, M.D.  
Jerome George Davis, M.D.  
Vincent Du Vigneaud, Jr., M.D.  
John F. Dwyer, M.D.  
Wilma Gladstone, M.D.  
Andre Heltai, M.D.  
Richard F. Hnat, M.D.  
David F. James, M.D.  
Walter B. Jones, M.D.  
Robert E. Kaye, M.D.  
Robert M. Livingston, M.D.  
Robert N. Melnick, M.D.  
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Gideon G. Panter, M.D.  
Joseph V. Raziano, M.D.  
Joseph E. Ringland, M.D.  
Abraham Risk, M.D.  
Zoltan, I. Saary, M.D.  
Samuel Soichet, M.D.  
William D. Walden, M.D.  
Virginia Werden, M.D.

OBSTETRICIAN AND GYNECOLOGIST  
TO OUTPATIENTS  
Alfred J. Felice, M.D.

PROVISIONAL OBSTETRICIANS  
AND GYNECOLOGISTS  
Carl G. Beling, M.D.  
Saroj I. Shah, M.D.

PROVISIONAL ASSISTANT OBSTE-  
TRICIAN AND GYNECOLOGIST  
Mauro Prieto, M.D.

## Graduate Staff

OBSTETRICIANS AND  
GYNECOLOGISTS  
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Richard L. Berkowitz, M.D.  
Hector M. Cabot, M.D.  
Arthur F. Chung, M.D.  
Niels Lauersen, M.D.  
Frederick Schweizer, M.D.  
G. Millard Simmons, Jr., M.D.  
Stephen D. Wolanske, M.D.  
Frank J. Zlatnik, M.D.  
Gizella Zonerach, M.D.

ASSISTANT OBSTETRICIANS  
AND GYNECOLOGISTS  
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Paul E. Bates, M.D.  
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Patricia Conrad, M.D.  
Richard J. Derman, M.D.

Michael T. Gyves, M.D.  
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Michael L. Resnick, M.D.  
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Norman M. Schulman, M.D.  
Joe L. Simpson, M.D.  
David B. Weinstein, M.D.  
Ioannis A. Zervoudakis, M.D.

## Ophthalmology

ACTING OPHTHALMOLOGIST-  
IN-CHIEF  
Donald M. Shafer, M.D.

ACTING DIRECTOR—NYH  
DIVISION OF OPHTHALMOLOGY  
Edward A. Dunlap, M.D.  
*On leave of absence  
from 8/31/71*

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Marvin Gillman, M.D.  
Herbert Gould, M.D.  
Jerry H. Jacobson, M.D.  
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Raphael Klapper, M.D.  
Jules Landowski, M.D.  
Harvey Lincoff, M.D.  
Edward Liva, M.D.  
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Julius Schneider, M.D.  
Francis Thomas, M.D.

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Lucille Burhs, M.D.  
Thomas Cherubini, M.D.  
George Clahr, M.D.  
Vittorio Coiro, M.D.  
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Greta Spanierman, M.D.  
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Edwin Trayner, M.D.  
Andrew Wendling, M.D.  
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Philip Zweifach, M.D.

OPHTHALMOLOGISTS TO  
OUTPATIENTS  
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Jack M. Dodick, M.D.  
Hal Farquhar, M.D.  
Mario Fracassa, M.D.  
Peter L. Laino, M.D.  
Donald Levine, M.D.  
Mark A. Lieberman, M.D.  
Bernabe Loret-deMola, M.D.  
Gene Matusow, M.D.  
Paul Matusow, M.D.  
Alfred Nadel, M.D.  
David Pearce, M.D.  
Frederick Shaw, M.D.  
Spencer Sherman, M.D.  
Michael P. Tragakis, M.D.  
Suzanne Veronneau, M.D.  
Herbert Wassermann, M.D.  
Jerry Weissman, M.D.

## Graduate Staff

### OPHTHALMOLOGISTS

Michael McCusker, M.D.  
Craig Mchldau, M.D.

### ASSISTANT OPTHALMOLOGISTS

Jerome Berkowitz, M.D.  
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Thomas Poole, M.D.  
Martin L. Smithline, M.D.

Stuart Nevins, M.D.  
Richard A. Nigro, M.D.  
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John H. Seward, M.D.  
Elliott Solomon, M.D.

### OTORHINOLARYNGOLOGISTS

#### TO OUTPATIENTS

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Norman J. Pastorek, M.D.

## Graduate Staff

### OTORHINOLARYNGOLOGIST

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### ASSISTANT

#### OTORHINOLARYNGOLOGISTS

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Petar Jovanovic, M.D.  
Inocencio Kho, M.D.  
W. Shain Schley, M.D.  
Robert W. Selfe, Jr., M.D.

## Pathology

### PATHOLOGIST-IN-CHIEF

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### ATTENDING PATHOLOGISTS

Frank W. Foote, M.D.  
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George E. Murphy, M.D.

### ASSOCIATE ATTENDING

#### PATHOLOGISTS

Carl G. Becker, M.D.  
M. Renate Dische, M.D.  
George F. Gray, M.D.  
Robert W. McDivitt, M.D.  
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#### PATHOLOGISTS

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Janet A. Mouradian, M.D.  
Robert S. Porro, M.D.  
Myron Susin, M.D.  
Carolyn W. Watson, M.D.  
Jack F. Woodruff, M.D.

### PROVISIONAL ASSISTANT

#### PATHOLOGISTS

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## Graduate Staff

### PATHOLOGIST

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Victor Tseng, M.D.

### INTERNS

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## Pediatrics

### PEDIATRICIAN-IN-CHIEF

Wallace W. McCrory, M.D.

### ATTENDING PEDIATRICIANS

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Henry P. Goldberg, M.D.  
James Q. Haralambie, M.D.  
Nancy H. Holland, M.D.  
Maria I. New, M.D.  
Myron Winick, M.D.

### ATTENDING PSYCHOLOGIST

#### IN PEDIATRICS

Lee Salk, Ph.D.

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John E. Lewy, M.D.

Wan Ngo Lim, M.D.  
Florence N. Marshall, M.D.  
Robert G. McGovern, M.D.  
Denis R. Miller, M.D.  
Virginia C. Mitty, M.D.  
Hart deC. Peterson, M.D.  
John C. Ribble, M.D.  
Maxwell Stillerman, M.D.  
Stanley Zipser, M.D.

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Richard R. Bass, M.D.  
Otto E. Billo, M.D.  
Renee M. Brilliant, M.D.  
Mary C. Buchanan, M.D.  
Virginia C. Canale, M.D.  
Walter T. Carpenter, M.D.  
Benedict S. Caternicchio, M.D.  
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Frank G. deFuria, M.D.  
Mark Degnan, M.D.  
Alan P. DeMayo, M.D.  
Duane L. Dowell, M.D.  
Leonard I. Ehrlich, M.D.  
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Karl Neumann, M.D.  
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Rebecca F. Notterman, M.D.  
Michael Orange, M.D.  
Olive E. Pitkin, M.D.  
Virginia E. Pomeranz, M.D.  
Irwin Rappaport, M.D.  
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Josef Soloway, M.D.  
Peter S. Tolins, M.D.  
Thorton A. Vandersall, M.D.  
Patricia H. Winchester, M.D.

### ASSISTANT ATTENDING

#### PSYCHOLOGISTS IN PEDIATRICS

Enid F. Friedman, Ph.D.  
David J. Louick, Ph.D.

## Otorhinolaryngology

### ACTING OTORHINOLARYNGOLOGIST- IN-CHIEF

James A. Moore, M.D.

### ATTENDING

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Michael R. Byrce, M.D.  
Lester L. Coleman, M.D.  
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Milton Ingerman, M.D.  
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Joseph Rongetti, M.D.  
Jerome Rosenthal, M.D.  
John F. Struve, M.D.  
Harry D. Tawfik, M.D.  
Lester Wolff, M.D.

### ASSISTANT ATTENDING

#### OTORHINOLARYNGOLOGISTS

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Alvin Katz, M.D.  
Michael D. Katz, M.D.  
Antonio Maniglia, M.D.  
John Miller, M.D.

PEDIATRICIANS

TO OUTPATIENTS

Marvin Boris, M.D.  
Gloria T. Edis, M.D.  
Frank N. Medici, M.D.  
Lucie L. Rudd, M.D.  
Maurice A. Shinefield, M.D.  
Beatrice S. Slater, M.D.  
Ralph Stein, M.D.

ASSISTANT PEDIATRICIANS

TO OUTPATIENTS

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William L. Greenberg, M.D.  
Alberto Lacioius-Petrucelli, M.D.  
Roy H. Lieberman, M.D.  
Gilda Morillo-Cucci, M.D.  
Jean Jacques Saranga, M.D.  
Joel Steckelman, M.D.

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Jeffrey L. Brown, M.D.  
Mira Frand, M.D.  
Andrea C.V. Giardina, M.D.  
Patricia Jane V. Giardina, M.D.  
Hector G. Jasper, M.D.  
Carol L. Kamm, M.D.  
Elizabeth T. Khuri, M.D.  
David B. Klain, M.D.  
Sigrun Korth, M.D.  
Stephanie Landey, M.D.  
Wen-hsiung Lu, M.D.  
Ruba Malva, M.D.  
Santiago Muzzo, M.D.  
Birgitta E. Peterson, M.D.  
Vadlakonda S. Rao, M.D.  
Israel I. Rayman, M.D.  
Pedro R. Rosso, M.D.  
Paul Saenger, M.D.  
Elliot J. Siegal, M.D.  
Daniel J. Tay, M.D.  
Mary W. Tsai, M.D.  
Harry E. Turse, M.D.  
Michael R. Wollman, M.D.  
Winston C. Wong, M.D.

Graduate Staff

PEDIATRICIAN

Peter G. Steinhert, M.D.

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Paul B. Avondoglio, M.D.  
Richard M. Bauer, M.D.  
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Joel I. Brenner, M.D.  
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William Pearl, M.D.  
Harold L. Rosenbaum, M.D.

*Deceased 8/13/71*

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*Psychiatry*

Payne Whitney  
Psychiatric Clinic and  
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PSYCHIATRIST-IN-CHIEF

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PAYNE WHITNEY PSYCHIATRIC

CLINIC

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MEDICAL DIRECTOR

WESTCHESTER DIVISION

Francis J. Hamilton, M.D.

MEDICAL DIRECTOR EMERITUS

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Howard N. Cooper, M.D. (PWC)

E. Gerald Dabbs, M.D. (PWC)

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Renee G. Ferguson, M.D. (PWC)

Theodore H. Finkle, M.D.

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M. Freile Fleetwood, M.D.

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Philip S. Herbert, Jr., M.D.

(PWC)

Peter T. Janulis, M.D. (PWC)

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Marilyn G. Karmason, M.D.

(PWC)

M. Dorothea Kerr, M.D. (PWC)

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Allison B. Landolt, M.D.

(WD & PWC)

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Lillian E. McGowan, M.D.

(PWC)

John F. McGrath, M.D. (PWC)

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(WD)

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Timothy B. Moritz, M.D. (PWC)

Anna J. Munster, M.D. (PWC)

Jesus Nahmias, M.D. (PWC)

Werner Nathan, M.D. (WD)

Jane F. O'Neil, M.D. (WD)

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From 2/1/71

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### **Urology**

ATTENDING SURGEON-IN-CHARGE  
 Victor F. Marshall, M.D.

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### PEDIATRIC CARDIOPULMONARY

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### PEDIATRIC HEMATOLOGY

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